

DETROIT MEDICAL JOURNAL

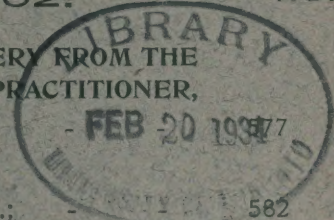
VOL. II.

OCTOBER, 1902.

NO. 7.

GYNECOLOGY AND ABDOMINAL SURGERY FROM THE
STANDPOINT OF THE GENERAL PRACTITIONER,

W. F. Metcalf, M. D.;



VIRCHOW SYMPOSIUM:

Virchow as a Teacher—Max Ballin, M. D.;	582
Benefits Resulting from his Public Career and Statesmanship—J. J. Mulheron, M. D.;	584
Benefit Accruing to Internal Medicine—Johann Flinterman, M. D.,	587

THE COUNTRY DOCTOR,

D. L. Walmsley, M. D.;	591
------------------------	-----

EDITORIAL;	595
------------	-----

EDITORIAL NOTES;	598
------------------	-----

NEW INSTRUMENTS AND DEVICES;	602
------------------------------	-----

THERAPEUTIC BREVITIES;	604
------------------------	-----

NOTES AND COMMENT;	605
--------------------	-----

BOOK REVIEWS;	606
---------------	-----

ADVERTISING INDEX.	XI
--------------------	----

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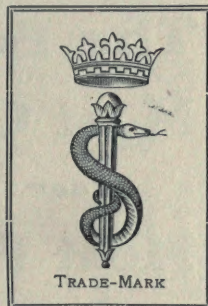
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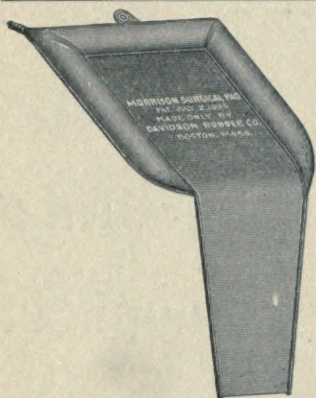
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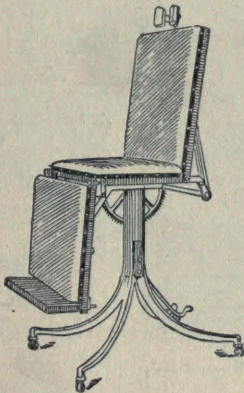
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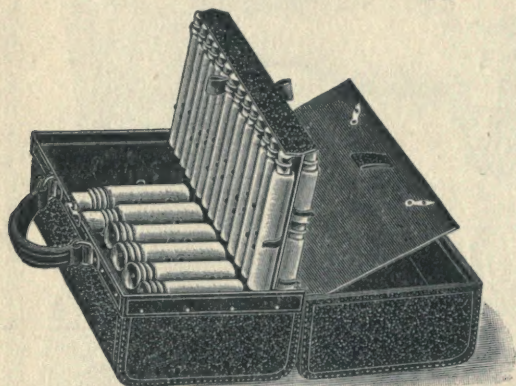
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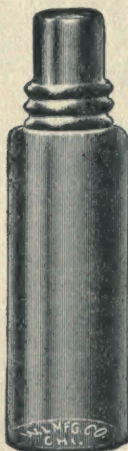
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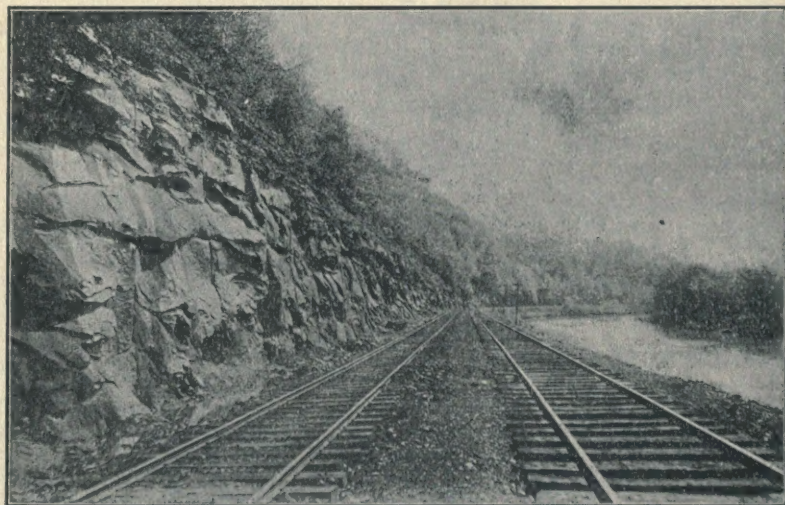
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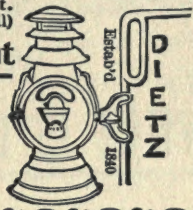
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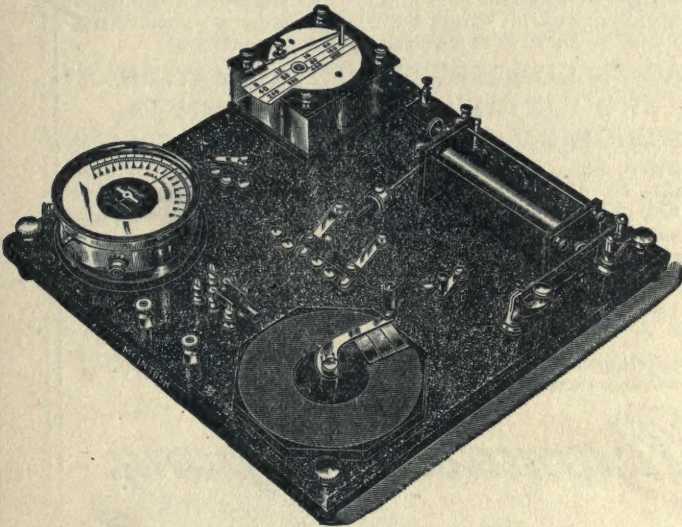
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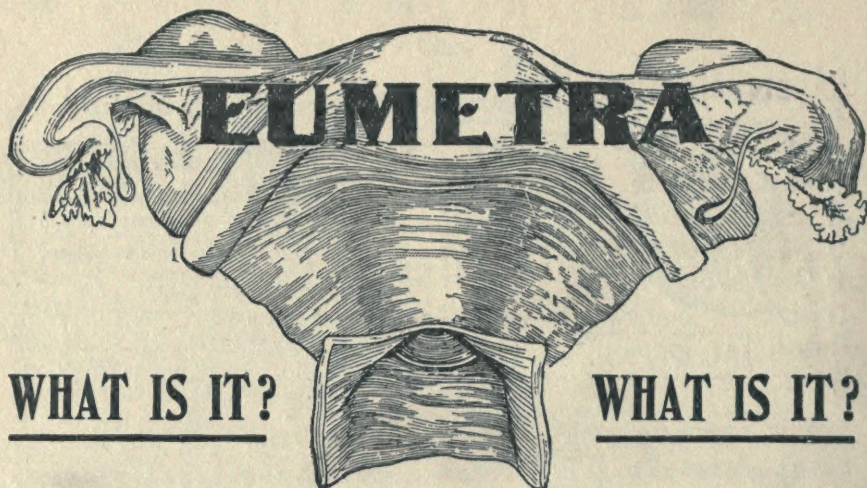
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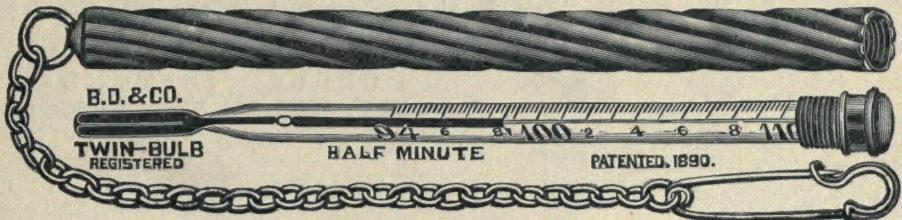
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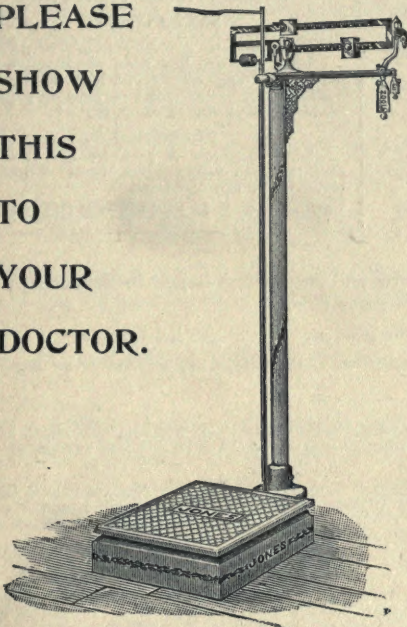
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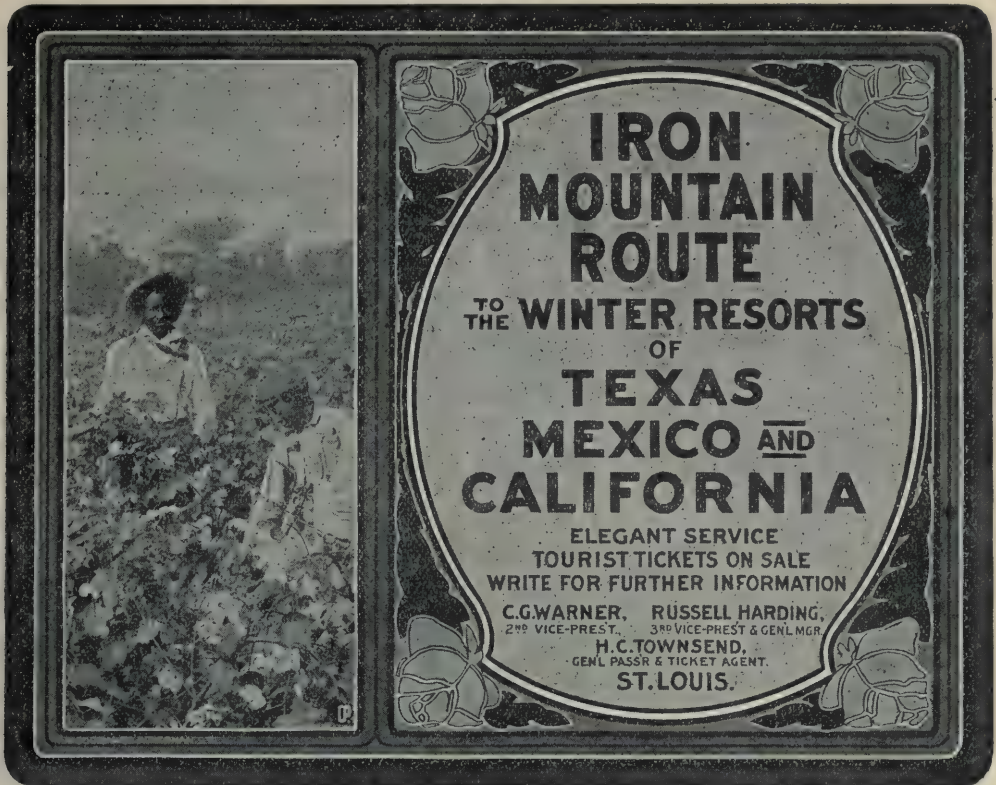
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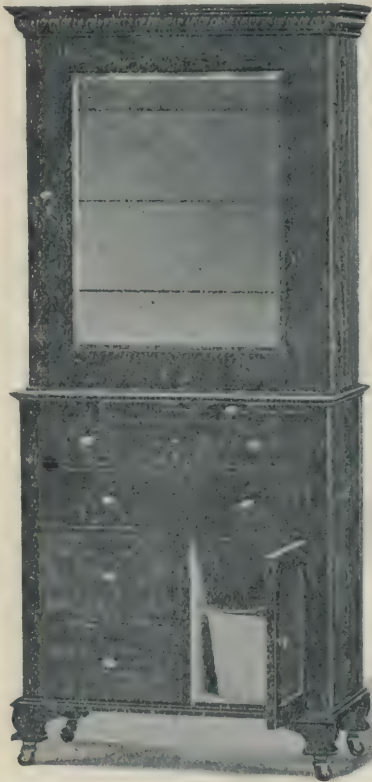


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INDEX TO ADVERTISERS:

Abbott Alkaloidal Co.....X
Albasulphidi.....XXVI
Ambulatory Pneumatic Splint Mfg. Co.....XXIV
Bausch & Lomb.....XXV
Becton, Dickinson & Co.....VII, XVIII
Bovine Co.....Inside Front Cover
Cannabin Tablets.....Back Cover
Carpenter Chemical Co.....XV
Castle, Wilmot & Co.....II
Chloride of Silver Battery Co.....XXVII
Columbus Pharmacal Co.....III
Crittenton, The Charles N. Co.....XVI
Davidson Rubber Co.....II
Denver Chemical Mfg. Co.....IX
Denver & Rio Grande.....XXV
Detroit & Buffalo Steamboat Co.....XV
Detroit Clinical Laboratory.....XII
Detroit Medical Journal.....XIX, XXIX
Dietz, R. E. Co.....V
Dios Chemical Co.....XXI
Electro-Therapeutic Mfg. Co.....XX
Eumetra Pharmacal Co.....VI
Faultless Rubber Co.....III
Fries Bros.....XXXI
Globe Mfg. Co.....XXV
Goodrich, The B. F. Co.....XXIV, XXXI
Hartz, The J. F. Co.....XII, XXVIII, XXX

Hastings & McIntosh Truss Co.....XXIX
Hocking Valley.....IV
Hollister, B. K. Co.....VIII
Howard Electric Novelty Co.....XV
Hussey, E. J. & Co.....XXXI
Iron Mountain Route.....XI
Irwin, R. M. C.....XXV
Johnson & Johnson.....Inside Back Cover
Jones of Binghamton.....VII
Kidder, The Jerome Mfg. Co.....XXXII
Kny-Scheerer Co., The.....I
Lee, The J. Elwood Co.....XXXII
McCoy, Howe Co.....XXIV
McIntosh Battery & Optical Co.....V
Nelson, Baker & Co.....XXIII
Olds Motor Works.....XIII
Philadelphia Baby Carriage Factory.....XXVIII
Polk, R. L. & Co.....XXXI
Professional Cards.....XVII
Smith Premier Typewriter Co.....XXVII
Tagliabue, Charles J.....XXIX
Truax, Greene & Co.....VIII
Upjohn Pill & Granule Co.....XVI
Victor Electric Co.....XXII
Waite & Bartlett Mfg. Co.....XXI
Western Leather Mfg. Co.....IV



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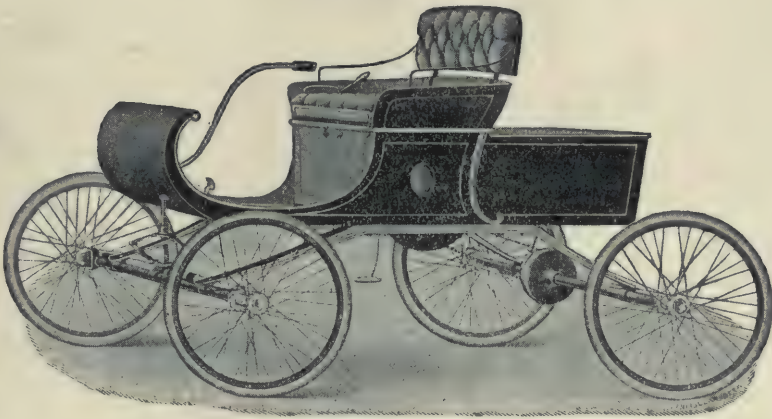
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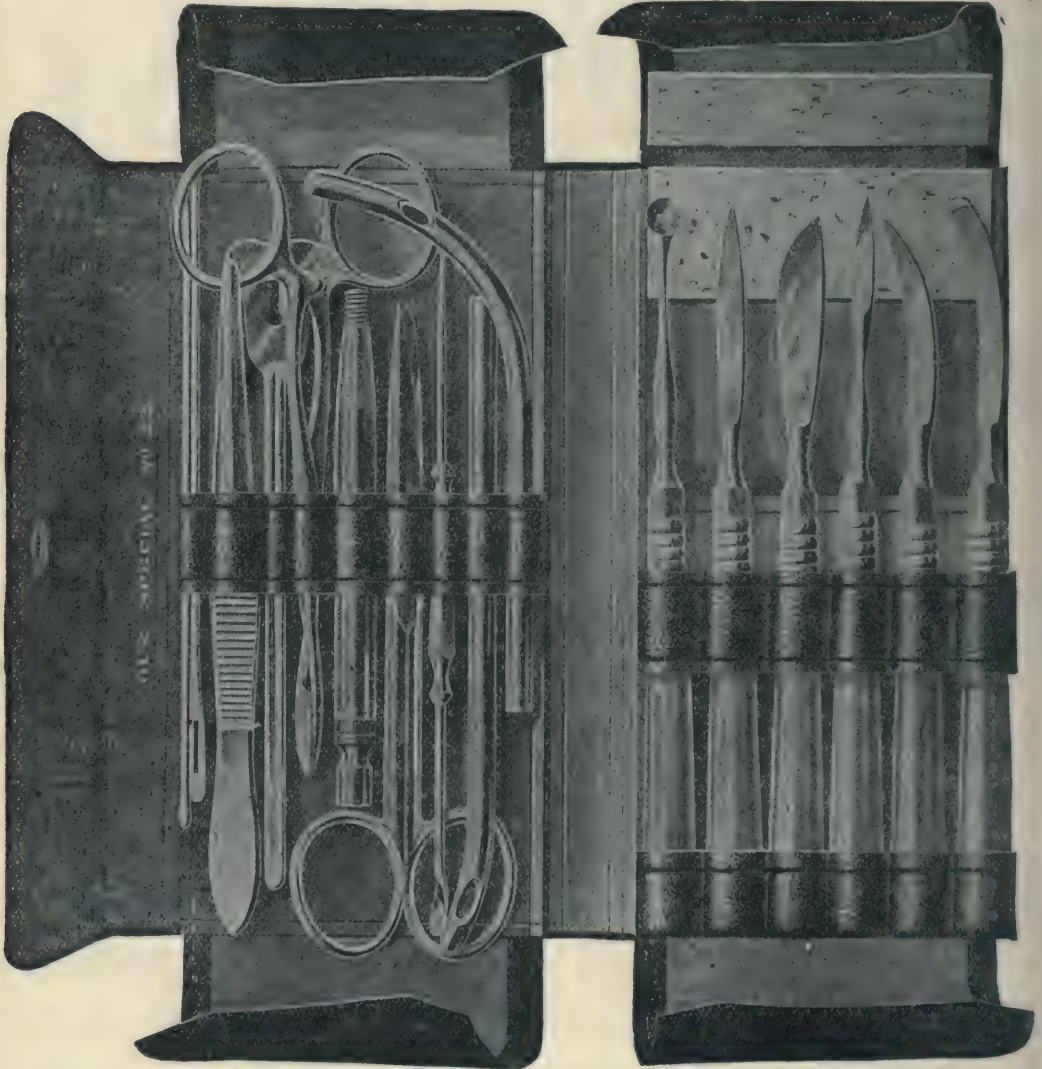
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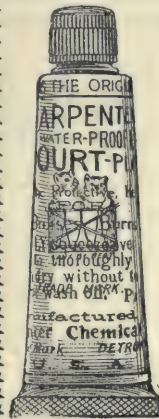
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DETROIT MEDICAL JOURNAL

ORIGINAL ARTICLES

GYNECOLOGY AND ABDOMINAL SURGERY FROM THE STANDPOINT OF THE GENERAL PRACTITIONER.*

BY WM. F. METCALF, M. D.,
Detroit, Mich.

I am not so many years removed from the general practice of medicine that I have forgotten the multifarious duties of the family doctor, his aspirations, burdens and discouragements. He has the confidence of the people whom he treats and has opportunity, in fact is often importuned, to do for them everything, from the delivery of a baby to the extraction of a cataract. His greatest problem is the recognition of his own limitations. His desire, like that of other human beings, is to get the greatest satisfaction or happiness possible, to live long and be honored by the community. It is not the steady work during reasonable hours that wears him out, but the worry that comes from imperfect doing. The life and health of the individual are too sacred to be jeopardized by sins of omission and commission upon the part of his chosen attendants. The consciousness, on the

part of the physician, of his own incapacity to meet in the best way all conditions which confront him, has given birth to numerous specialties. As may be observed, in tracing development in all departments of activity, the thought of the masses swings from one extreme to the other and just at the present the specialist is being extolled at the expense of the family doctor. We are beginning, however, to hear rumblings of dissatisfaction and protestation from the public. They really do not know whom to call to treat the ordinary ills of life, their family physician having become a specialist. The greatest opportunity is now afforded broadly-educated physicians, who are thoroughly alive to the newer methods, and who are able to instruct people in better ways of living, who recognize the limitations of drugs, who have no prejudices in favor of sect or cult but welcome every useful remedial means, believing that a part is never greater than the whole, as apparently do members of the various 'pathies. For obvious reasons, the man whose field is so great cannot do operative gynecology and abdominal

*Read before the Wayne County Medical Society, September 25, 1902.

surgery well; it behooves him then not to attempt it, his interest being identical with that of his patient. Good intentions cannot modify results in this special surgery; indifferent work reflects discredit not only upon him who does it but upon the whole profession. Happy is he who applies himself to the work for which he is adapted by nature, and damned is he who does not find his place. There will always be different grades of workmanship in every department of life; there will always be fiddlers and violinists, one class being as necessary as the other, and the public does not suffer, provided each keeps his place. The physician who enters this field of surgery without special preparation is more dangerous than he who imposes upon his patient by indefinite tampon incantations.

The family doctor should so guard his patient's interest that necessity for the employment of the gynecologist be reduced to a minimum. He should be a careful, clean obstetrician. He should repair immediately lacerations of the perineum and advise examination of the cervix uteri within two months of the accouchement, and, if appreciable tear is discovered, he should repair it. All this, in the average case, is not difficult surgery because secondary changes have not yet occurred as a result of the injury. He should urge much rest, good food, out-door exercise, and good cheer during lactation. He should examine the girl-baby a few weeks later and free the hood of the clitoris if necessary. He should advise the mother in relation to her daughter's education regarding beginning menstruation, the importance of avoiding cold baths, undue exertion and exposure at such times, the preparation of sterile pads as napkins to absorb the discharges that infection may not gain access to the organs made more vulnerable by the periodic congestion. He should advise against extreme mental application and sedentary habits during

the daughter's development, and urge that her naturally beautiful form be not distorted by tight lacing and that her graceful step and carriage be not destroyed through the wearing of high-heeled shoes with pointed toes. These meaningful suggestions from the physician will not be heeded, however, and the majority of patients in physicians' offices will continue to be women supposedly suffering from "female weakness." What shall the general practitioner do with them? He should first inquire carefully into their histories, resort to the aid of modern laboratory methods, thereby determining whether they are suffering from organic kidney lesion, anæmia, malaria, auto-intoxication, chlorosis, or impaired secretion and defective elimination. The laboratory findings, together with the knowledge gained by careful physical examination, and a consideration of the domestic relations and environment of the patient, of her fears, jealousies, and disappointments, will enable the physician, in a majority of cases, to determine what relation, if any, the abdominal and pelvic lesions found may bear to the symptoms from which the patient wishes to be relieved. The student cannot pass over paragraphs which he does not understand; the physician, to be happy, must read his patient like an open book, or at least think he does. A great aid in the development of method and order is the taking of histories and the recording of findings. It is absolutely essential to the best work.

I do not wish you to infer that I think examination of the pelvis and abdomen essential in all cases. In the majority sufficient explanation of the suffering will be found without resorting to this examination, which is so much dreaded by many women; but it is neither fair to the patient nor profitable for the doctor to continue the giving of drugs for symptoms which do not readily yield. It will

pay him to be firm in what he thinks his duty, leaving it to the patient to continue or discontinue his services as she wishes.

You will pardon me if I refer to the method of examination. If you assume the responsibility of making an examination, it should be thorough; every organ below the diaphragm should be palpated if possible and their positions outlined. In many cases the prone position is satisfactory and less embarrassing, when the patient is covered with a sheet. In other cases accurate information can be obtained only by examination made while the patient is standing. As great care regarding asepsis should be taken in these examinations as would be necessary to insure healing by first intention in incised wounds. Every instrument should be sterilized by boiling. If digital examination is made in the vagina, the hands should be re-sterilized before inserting the finger into the rectum. Poison may be implanted into one cavity from another in the same patient by criminal haste. What affection is more distressing to the patient or more difficult to treat than gonorrhœal ulceration of the rectum? It will not do, in this age, to wipe your finger with your coat-tail and stick it into another cavity. It makes one shudder to think of the criminal carelessness of some men who have licenses to infect. I have seen professors and teachers in reputable medical colleges make vaginal examinations without washing their hands. I have felt like calling the police. What one of you would permit his wife or sister or daughter to be subjected to the dangers of such damnable carelessness? And do not women who trust their well-being to your care deserve your protection for their confidence? It might seem to this Society in bad form and unnecessary to speak of asepsis, but I recently saw a graduate in medicine, who had heard asepsis talked month after month and year after year,

after sterilizing his hands to assist in a minor operation, take sterile gauze from a sterile container and cut it with scissors upon his knee—and his trousers were not even new.

Some of the symptoms, which singly or in varied association, when persistent, point to necessity for examination of the genito-urinary tract and rectum are:—Discomfort in the top and back of the head, aching in the sacrum, discomfort in the lower abdomen, frequency of micturition. (In many cases hyperæmia of the vesical trigone is caused by fissure of the rectum or by internal hemorrhoids located in the anterior part of the rectum.) Tympanites, flatulency, constipation, continuous or alternating with diarrhœa, nausea, sensitive breasts, the various neuralgias, continuous exhaustion regardless of conditions of rest, mental perturbation, marked loss of weight, marginal eczema, and tic of the orbicular muscles are more than suggestive; and profuse leucorrhœa, dysmenorrhœa in its varied forms, excessive or diminished flow, or irregular hemorrhage, especially at the time of the menopause, may, one or all, become imperative indications. In short, the human body must be thought of as an organism and treated as such.

It should be considered malpractice to continue to persist in internal medication exclusively when beneficial results are not apparent. In such cases the attendant's duty to the patient is not only to advise but to insist upon permission to make careful examination. Treat your patient according to your best judgment or let her seek advice elsewhere. If she does not admire you for this manifestation of integrity and interest in her welfare, you do not want her as a patient.

The general practitioner may properly curette the endometrium for the purpose of laboratory diagnosis and in cases where curetting only is necessary, provided he has become sufficiently familiar

with the making of physical examinations to recognize the contra-indications. It should not be done in the office however. The patient should be anesthetized and should be where she may remain in bed for several days. Thorough curetting should never be done without giving recognition to the general surgical principle of drainage, by thorough dilation of the os uteri. I am speaking now of thorough curetting; of course in the office and without anesthesia, a piece may be curetted or cut from the cervix uteri, under proper antiseptic precautions, for purposes of examination.

In the majority of cases, the presence of internal hemorrhoids cannot be determined by digital exploration. Ocular inspection of the pile-bearing area, by the aid of a speculum is necessary. Anesthesia is not required.

The discovery of movable kidney does not necessarily mean that operation for its fixation is advisable. The majority of cases of movable kidney do not suffer therefrom.

When there is tension of muscle and tenderness over the region of the gall-bladder and pain upon deep inspiration, or tension of muscle in the region of the appendix, or severe pain in the region of the uterine appendages, followed by symptoms of shock, there should be no delay in urging consultation. Surgical intervention may not be advisable at the time but someone should share with you the responsibility of advising delay. Establish for yourself the reputation of never allowing the dangerous stage in any affection to be reached without calling counsel. Intelligent people appreciate a frank man who doesn't know everything. They look upon their family physician as a general adviser, and one who, when special difficulties arise, will recommend those with special skill in the treatment of the particular affection in question. It may be an oculist, a general sur-

geon, a minister, or a divorce-lawyer, that is needed. The general practitioner constitutes a "Department of the Whole."

I have heard that some doctors gain a livelihood by posing as "conservative." They do not believe in surgery. They find numerous cases of "neurasthenia" and when death approaches they make a brilliant diagnosis of some rare, incurable malady—perhaps "septic endocarditis." They never urge the holding of autopsies; the diagnosis is "too evident."

Long-continued treatment to "reduce subinvolution of the cervix uteri" and to "condition the parts" preparatory to trachelorrhaphy or other repair operation is unnecessary. It is of course advantageous to have the vaginal mucous membrane as clean as possible. This may be accomplished in two or three days by tamponing with cotton saturated with ten per cent. ichthyol in glycerine or with boro-glyceride or other antiseptic. A tampon of wool, covered with cotton, may be preferable, since it is more resilient. The dilatation of the vaginal passage has also the advantage of mechanically cleansing it by dilating the sulci. Time enough also is required to empty and disinfect the alimentary canal. Longer treatment is in the majority of cases unwarrantable for local conditions. Treatment for inflammatory conditions are, with greater advantage, given after repair operations; seldom, however, are such treatments required.

Few general practitioners should attempt the restoration of pelvic floors, trachelorrhaphy, or amputation of the cervix in cases requiring secondary operations. These, in a majority of cases, are most difficult *special* surgery. The one who attempts such operations should be so thoroughly familiar with this special work that he can determine the condition of the uterine appendages, the degrees of malposition, and the best methods of restoration; whether the position

and condition of the organ will justify amputation of a diseased cervix or whether all the cicatrix can be removed, leaving a uniformly dilatable canal and preserving the cervix. He must know what muscles are broken in the perineal floor as well as the simplest method of restoration. And every case must be handled according to conditions found only in this particular case, if permanent results are to be secured. This department of work has so developed that complicated methods are giving way to simple ones—methods of mechanics—possible only to those familiar with the structures and skilled with their tools.

In conclusion I wish to make the statement that, in my opinion, the man who aspires to high standing in the profession as a general practitioner should be present at as many surgical operations and autopsies as possible, should ascertain the symptoms for which the operation is done, should observe the gross pathologic changes in the tissues, should see the corresponding microscopic changes in the laboratory and should inquire into the immediate and remote results of the operation itself.

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Differential Diagnosis of Acute Rheumatism.—In briefly considering the differential diagnosis of acute rheumatism, I want to mention: (1) Acute gonorrheal arthritis, which may be multiple, but is more often monarticular, caused by the gonococcus and staphylococcus. It does not react upon salicylates, a helpful moment for diagnosis if the patient's previous history be obscure or cannot be obtained. This form of arthritis is of rather frequent occurrence. I believe it to be a fact that a slight trauma to a joint that had once been the seat of rheumatism can stir up again a rheumatic arthritis, but I have also the records of two cases of persons who, having had acute articular rheumatism some years before

contracting gonorrhea, soon after infection presented the symptom-complex of subacute multiple arthritis with effusion which yielded to salicylates and salol, though rather slowly. These cases, in my opinion, were not gonorrheal but rheumatic arthritis plus gonorrhea.

(2) Septic arthritis, puerperal or otherwise, of streptococcus infection, is generally purulent.

(3) The secondary multiple arthritis of acute infectious diseases, in scarlatina, dysentery, cerebro-spinal meningitis, perhaps also in rare cases of severe syphilis, will be recognized by careful examination of the history of the case.

(4) Last year I had a case of multiple neuritis in my clinic concerning upper and lower limbs which had much resemblance to acute rheumatism so far as pain and tenderness in the joints and limbs were concerned, and some periarticular swelling; but then, there was the paralytic lameness, etc., which soon established the diagnosis. In looking up authorities at that time I found that no mention was made of multiple neuritis in the subject of differential diagnosis of rheumatism.

(5) Acute osteomyelitis and necrosis of bone may be multiple and have been mistaken for acute rheumatism. But the disease concerns the shaft of the bone and causes very great constitutional disturbance.

(6) Gout and acute rheumatism will not be easily confounded when the gouty attack is of the classic kind. It is not quite so easy when we have to deal with a case of multiple uric arthritis with periarticular swelling, exquisite tenderness and fever. In the few cases of this kind which I attended, a diligent search for subcutaneous deposits of urates around the joints has been rewarded by finding such, however small, and proved helpful in making a previously doubtful diagnosis certain.—(Dr. Leonard Weber, in *Medical News*.)

VIRCHOW AS A TEACHER.*

BY MAX BALLIN M. D.,
Detroit, Mich.

When Virchow celebrated his eightieth birthday on October 13, 1901, delegates from all the civilized countries of the globe went to Berlin to join in the congratulation and celebration tendered to the great scientist who on September 5, 1902, departed from our midst. Bacelli, of Italy, V. Cornil, of Paris, Pye Smith, of London, Jacobi, of New York, and many others made addresses concerning the influence that Virchow had had on the development of medicine in their respective countries. On the programme of this celebration, such titles might be noted as: "Virchow and Russian Medicine"; "Virchow and Swedish Pathology"; "Virchow and American Medicine"; "The Influence of Virchow on Pathology in England", and so on. Every one of the representatives, themselves illustrious men, willingly and thankfully praised Virchow for the share he had taken in the development of medicine in all their countries. Stockvis, of Amsterdam, on this occasion called Virchow, "*Communis totius orbis præceptor*", of pathologic anatomy—the teacher of pathology for the whole world, and no doubt, as a teacher, Virchow's influence was not limited to the comparatively few pupils who enjoyed the benefits of his personal instruction at Würzburg and Berlin, but through his fundamental works on Cellular Pathology and Tumors, his teachings became the property of the whole world. But this part of Virchow's teaching to the whole medical world was fully and ably glorified by the previous speakers; I shall confine my remarks to Virchow as a teacher in personal contact with his students.

I fully appreciate the honor that, through the kind invitation of you, Mr. Chairman, I am allowed to say a few words this evening in honor of Virchow,

the benefit of whose personal instruction I was glad to enjoy for several years. Consider this a small tribute from a thankful pupil to the memory of a great master.

In his lectures, Virchow was a quiet speaker, not a great orator. His sentences were clear and short, and were pronounced without much expression. It was difficult for the beginner to follow, but as soon as one got better acquainted with the topic one fully appreciated the vast experience of the man, the logical way he had of treating the subject and the clearness of his teaching. Virchow always illustrated his lectures by sketches on the blackboard, which, just as his language lacked oratorical flourishes, were not artistic, but a few strokes of the chalk showed clearly what he wished to convey. Many specimens, of which he had collected more than twenty thousand, still further illustrated his remarks.

With special pleasure I recall Virchow's "demonstrative course", as he called it, which I think was considered his best lecture by every one of his pupils. There he demonstrated on the hand of fresh specimens the anatomical changes which a certain disease produced in the body. He trained the students' eyes to recognize these characteristic pathological changes, and then always impressed upon his listeners the necessity of considering only the anatomical facts, visible to the eyes and the microscope and of abstaining from speculative theories, which he held responsible for the long reign of humoral pathology, for iatromechanic, or, as it is now called in the resurrected form, osteopathy, and other sciences and pathies. The findings in the case under consideration Virchow compared with his large experience in similar cases, and thus produced before the mind of the student, on the hand of the dead material, a living picture of the whole anatomical process of the disease.

*Read before the Wayne County Medical Society, September 18, 1902.

Virchow required from his students a clear and logical understanding of the principles of pathology; he did not want to hear in the examinations reports of rare findings and curiosities, but the student had to show first of all a thorough knowledge of the different pathological processes. Then Virchow, who was also a great linguist, required a grammatically correct expression. Words like "appendicitis", with Latin root and Greek ending, or "catarrhus siccus", dry catarrh, which literally translated would give the paradoxon, "dry downflow", insulted the fine classical feeling of the master, and the student who wished to get smoothly through with his examination did better to avoid these linguistic monstrosities.

In the autopsies, Virchow always impressed upon his pupils the necessity of being thorough and accurate, so that, as he said, even a lawyer could not doubt the finding of a post mortem. His arrangements and instruments for an autopsy remind one by the method and cleanliness of a modern surgical operation. There were always three knives—a large one for skin and gross tissues, a strong one for the cartilages of the ribs, and a fine one for the division of the finer structures; two pails of water, one for receiving the blood and so on from the sponges and the hands, the other for cleaner purposes, testing the heart-valves, et cetera. The student who took the wrong knife for cutting an organ, or who did not hold the knife correctly had a poor show in an examination before Virchow. By being so strict in his methods of handling instruments, Virchow claimed that accidents to the fingers of students, with resulting septic infection, were very rare in his large personal experience. In this way he trained his students not only in clear theoretical knowledge, but also in accurate technique; and by insisting on examinations in a thorough understanding of both, he contributed a great deal to-

ward raising the standard of medical education.

By his own example, Virchow was the best model for his students. He was always accurate and clear in his expression and his actions, whether he prepared a delicate specimen for the microscope or was at the post mortem table; he always acted methodically. He was the most industrious man I have known. Every specimen in his vast collection was known to him and on most of them his own handwriting could be found. This is the more remarkable, when we consider how many duties he performed. I remember a few instances in which Virchow was a few minutes late in entering the lecture-room; one saw that he had hastened to be on time. But in a few moments he began to speak in his quiet way, and seemed to be only the pathologist. His late coming would have appeared merely accidental had not the daily papers afterward announced that the same man who had delivered in the class-room a highly scientific, quiet lecture on pathology had, only an hour before, had some hot political dispute with Bismarck or other political leaders.

With all his scientific, social and political duties, Virchow always had time to listen to the woes of his pupils, assisted them by advice and often helped those in need by a remittance of their lecture-fees and by other charities. He never showed partiality to his pupils on account of their social position, their race or creed, as I am sorry to say men even in high scientific standing in the Fatherland sometimes do. Virchow judged his pupils only according to their abilities.

So we find in Virchow, the teacher, the qualities that enabled him to do the immense work that he has performed. He was industrious, methodical, always seeking for facts by which he might come nearer to the truth, and charitable toward human suffering. If any further proof of

his success be needed, let us look for a moment at the long list of his pupils who have a good name in our profession. There is Recklinghausen, famous for his researches on the process of inflammation; Cohnheim, known for his ingenious theory on the origin of tumors from embryologic enclosures; Ponfick, Orth, Langerhans, Hanseman, Liebreich and many others who were assistants to Virchow. But his memory will last longer than all his pupils will live, his name will be known as long as there is a medical profession. To speak with Horatius: "*Exegit monument' aere perennius*". With his works and his teachings, he has built for himself a monument which will last longer than iron statues.

271 Woodward Avenue.

How Iowa Looks at It.—The July number of the *Iowa Health Bulletin* contains an announcement which on first sight is somewhat amusing. "The next examination of physicians and osteopaths will be held," etc. The state has definitely determined the status of the osteopath. Elsewhere in the *Bulletin* is given the requirements of the law of April 8, 1902, and put into effect July 4. Examinations will be held at the same place, time, and in the same manner that physicians are examined, the same questions being used and the same average being required to pass. The branches required at present are anatomy and histology, chemistry, obstetrics and gynecology, pathology, and physiology. The penalty for practicing without a certificate is the same as for practicing medicine. — (*American Medicine*.)

Rough on the Toads.—A prescription for the cure of small-pox in England in 1700 has recently come to light. It reads: "Take thirty to forty live toads and burn them to cinders in a new pot; then crush them into a fine black powder. Dose for small-pox, three ounces." — (*Colorado Medical Journal*.)

BENEFITS RESULTING FROM HIS PUBLIC CAREER AND STATESMANSHIP.*

BY J. J. MULHERON, M. D.,
Detroit, Mich.

I have been allotted the difficult task of compressing into a ten-minute paper Virchow's claims to distinction as a "Public Benefactor." To fully present these claims would require volumes and oblige me to trench freely on the field to be covered by those who will present him as a scientist. For certainly there is no benefaction to humanity to compare with those growing out of a revelation of the mysteries of nature. In the blind acquiescence of the individual to the immutable laws which govern his origin and control his existence, man occupies common ground with all the other forms of animal life. It is the knowledge of these laws which raises him to a higher plane and endows him with the means of progression. Himself the culmination of evolution, a knowledge of the processes through which he was developed places him in harmony with the great plan. Herein is his greatest achievement and his greatest benefactor is he who touches the hidden springs whence emanates a knowledge of the mysteries.

But Virchow was not only a great scientist. He was interested in all things pertaining to the welfare of mankind. He shone forth as the man true to the light which he received. He was the apostle of independent and original thought, the man whose creed was circumscribed by the demonstrable. He had the courage to withhold his approval from what he could not understand. In the proper and unrestricted meaning of that much-abused word, he was an agnostic. Generous in his criticism of the honest convictions of others, he was, however, dominated by no man's dictum. Much in medicine had come down to his time with

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no better foundation than ancient authority. He overthrew all this and eliminated it from the fabric. If he failed to accept a statement it was because his mental constitution forbade it. And herein lies the glory of the scientist. Virchow's example is an inspiration to the honest, intelligent thought which alone can secure progress. No mere name attracted him and the theories of neither Haeckel nor Koch were included in his creed. He could not believe in mere hypothesis. The ignorant unbeliever is not to be tolerated, but without intelligent doubt the mind would crystallize.

With the possible exception of Bacon's, Virchow's was the most versatile mind of any age. A profound and many-sided scientist, a luminous philosopher, an erudite literateur, a great linguist, a hard-working politician, what a rebuke is the life which has just closed to the plea of "lack of time", which we are wont to urge as an excuse for our not interesting ourselves in matters which should engage our attention.

It was my privilege during the summer of 1898 to attend some of Virchow's demonstrations before his class in *Charité*. The personality of the man was one of my greatest surprises. Of a frame by no means robust, here was a man during the heated term, when most workers seek their vacation, and at an age when most men are content to withdraw from active affairs, busily engaged at the life-work which will make his fame go down resounding through the ages. Virchow has left behind him an illustration of what may be accomplished through concentrated energy, fixedness of purpose, directness of application and sustained endeavor. His example in these directions is in itself a priceless legacy. Truly, in summing up his claims to recognition as a public benefactor this example may not be overlooked.

While German by birth and training

and of unimpeachable patriotism, Virchow belonged no more to the Fatherland than to the world. His science knew no geographical boundaries. When, during the intense feeling against France, incident to the war of 1870, he was urged to sever his connection with the scientific associations of that country the serene philosopher refused to do so. He was, moreover, a scathing critic of everything in his own country which did not conform to his estimate of real value. He was particularly severe on the literary style affected by many of his contemporaries. His own writings are models of terse, pure German and contain none of those involved sentences which make the writings of so many German authors so difficult of comprehension by the foreigner.

While Virchow's prominence in history will be grounded on the foundations which he laid so broad and deep as a scientist, the land of his nativity and the city of his adoption will hold in grateful memory his services in their behalf as a legislator and as an administrator of municipal functions. Despite his life-long enwroughture in science he had an inclination to politics. As a young man he was involved in the fiasco of 1848. He had just settled in Berlin and on being obliged to leave Prussia, he took up his residence in Wurzburg, Bavaria. His work in the University there soon attracted attention and his political disabilities were removed to permit of his return to the University of Berlin in 1856, where he was installed professor of Pathological Anatomy and director of the newly established Pathological Institute. In 1859 he became a City Councillor of Berlin, in which capacity he served continuously for forty-two years. In 1862 he was elected to the Prussian Chamber, which capacity he filled to the day of his death. From 1880 to 1893 he was also a member of the Reichstag, or Imperial

Parliament. That he could simultaneously fill these three offices and at the same time carry on his work in histology, pathology, anthropology and literature is well-nigh incredible. He had, however, the firm conviction that the good citizen owes it to the state not to be indifferent to its politics and that it is not conducive to the public weal to allow the mere politician untrammelled sway in enacting laws affecting vital interests. He was a radical in politics and naturally came in conflict with the ruling power. He incurred the antagonism of Bismarck and the feeling became so acute that the "man of blood and iron" challenged him to duel. The intercession of friends, however, prevented their meeting at the points of their swords. He was a man of the masses, as distinct from the classes. "To crook the pregnant hinges of the knee, that thrift might follow fawning", was, of course, impossible to a man of his calibre. The independence and honesty of thought which he brought with him from the laboratory found uncongenial environment in conditions so largely influenced by the doctrine of the divine right of kings. To such a mind the only right is that based on the eternal principles of justice. In the Reichstag he was one of the founders of the *Fortschrittspartei* which subsequently merged into the Liberal (or free thought) party. Although his lack of sympathy with assumed authority made him *persona non grata* at court, his unquestioned honesty and great ability maintained for him a respect and deference which would not have been accorded a man of less pronounced worth. He had none of the pyrotechnic properties which we in this country are so wont to associate with great statesmanship, but his standards were high and his grasp of the subject in hand was characteristic of the plodding student. His extreme radicalism lost for him for a time the rectorship of the University of Berlin, and it was a glorious

day for him when in 1892 the position was restored to him without his being obliged in the least to retract his political views. He was Chairman of the Committee on Finance and is accredited with being the founder of the present constitutional budget system of Prussia. The German vaccination laws, the laws for the inspection of foods, for the suppression of epidemics and those for the regulation of fishing are all of his creation. In his capacity as Councillor of Berlin, Virchow's services to the municipality were in themselves enough to win for him enduring fame. He originated the system of canals and sewers for which Berlin is famous. The difficulties in the way of securing efficient drainage and disposal of sewage in a city built on a level plane required engineering ability of a high order for their solution. The system of disinfection employed in that city is his, as are also those of the hygiene of the schools and the regulation of its lazarettos. His researches into the matter of diet and the system which he established for the exercise of the children in the schools further displayed his versatility. The work of this wonderful man is one of the marvels of the age. Years before his death it was said that at Virchow's death four men would die. In medicine we have the eras of Galen, Vesalius, Harvey, Hunter, Lister and Virchow, but the greatest of these is that of Virchow. He gave the trend to the greatest age in medicine, perfecting the work whose foundations were laid by John Hunter. In anthropology he was chief. In public medicine his work stands unequalled. As a politician his record is sufficient to embalm his name in the history of his country. Verily, not only a four-fold man, but a four-fold giant has dropped his mantle to join the innumerable caravan. Who has been left behind on whom that mantle may worthily fall?

BENEFIT ACCRUING TO INTERNAL MEDICINE.*

BY JOHANN FLINTERMANN, M. D.,
Detroit, Mich.

Not a whole year ago, on the 13th day of October, 1901, the 80th birthday of Rudolph Virchow was celebrated in the capital of the German empire. Delegations from medical societies in all parts of Virchow's native land participated in the celebration of this occasion. Civil societies, the representatives of the municipal, the royal and the imperial governments and those from the governments of the different states brought their congratulations and their best wishes to the octogenarian. The representatives of the army joined in the general adoration of the man, who, once a student in the Kaiser Wilhelm's Academy, an institution for the education of military surgeons, had been in the wars of the nation a faithful, untired and zealous worker and counselor. There was no lack of other scientific bodies to express their admiration for the celebrated scientist. Anthropological, ethnological and archaeological societies sent their most able representatives to the city in which Rudolph Virchow had worked, where he had made his discoveries, where he had taught, and whence the scientific world was inspired by his teachings to follow the ways and plans which he had laid out.

Not only the medical profession and the learned bodies of his native land showed this high esteem; from all the civilized nations delegations were sent, who brought addresses of congratulation, expressing in the name of their countries gratitude for his unsurpassed zeal in scientific work and admiration for his life-work and the eminent services he had rendered in his efforts to raise medicine to the standard of a natural science, as a

result of which it is now so regarded and is a branch of the sciences.

Austria's delegate did not hesitate to describe Virchow's influence on the development of medical science in his own country, mentioning that Virchow by his Cellular Pathology had destroyed the bad results of Rokitanski's doctrine of dycrasies and liberated the medical school of Vienna from its nihilism. The delegate pointed with pride to the fact that Virchow was the founder of the Austrian Anthropological Society, and praised his great services in its behalf. France admitted the beneficiary influence Virchow's works had had on the efforts of her great men, Russia acknowledged that her best teachers were pupils of Virchow and that medicine in Russia owed much to him. The delegate from the Netherlands was full of praise for the immense services Virchow had rendered to the development of the study of pathology and pathological anatomy in his country and told how, by means of articles for the Dutch medical journals, written in classical Dutch, and by addresses before the Dutch medical societies on several occasions he had contributed to the best medical literature of his country. He added that the friendship between Virchow and Holland's celebrated authorities had resulted in good work from her greatest medical writers, like Schroeder van der Kolk, Donders and others, and said that Virchow's influence on the medical education of Holland should not be forgotten.

Sweden's delegate addressed Virchow: "If I should try to describe your influence on the medicine and natural sciences in Sweden it would be equal to the task of giving a full description of what you have done in general and what you will accomplish in future; it would be a long chapter in the history of medicine and in the history of civilization. We find this chapter in every work on the history of

*Read before the Wayne County Medical Society, September 18, 1902.

medicine; the light which emanates from it is reflected in all scientific and medical researches, not only of our own country but of other nations too. We have for a long time been accustomed to direct our attention to your illustrious career, guided by a genius. What an immense amount of facts you have brought to light! With much skill and with what masterly touch you have brought them into proper relation and have carefully connected them all, opening new ways, conquering, inspiring and leading. Our young people, full of ambition and zeal, flocked to the place where you taught. Under your eyes their first efforts in scientific work were made and they prepared themselves to extend the work of the master."

Denmark and Greece testified through their delegates that Virchow had a deep influence on the development of medical science in their countries. The influence of Virchow on pathology in England was thus described by Pye-Smith, the English author:

"Among the captains of science who have accomplished the great work of developing modern pathology Rudolph Virchow stands conspicuous by his past action. The physiology of morbid processes, not only in their effects on tissues as revealed after death by the scalpel, the microscope and the test-tube, but in their actual working, is laid open by the experimental methods of comparative pathology. The influence of Virchow in England has been exerted in more than one way. Many of our countrymen have, like the writer, enjoyed the benefits of his personal instruction. To many others he is known by his addresses in our country and in our own language before the Royal Society and on other occasions; but, most of all, his influence has been exerted through his famous Archives and his three most important publications—the Cellular Pathology, the *Krankhafte Geschwülste* and the *Gesammelte Abhandlungen*.

The first and most striking of these made an impression when it was published which may be compared with the wonderful effects produced by the appearance of the *Origin of Species*. The late Dr. Chance's translation made the cellular pathology familiar to all English-speaking people, and the effect was as wide as it was deep. It will remain a classic.

"We like a scientific man to be learned and Virchow's familiarity with medical literature is more than an ornament; it enables him to appreciate the development of pathology, without which no science can be thoroughly understood, and it has led him to assign the due meed of praise to good work done long ago in other countries than his own."

Guido Bacelli, the celebrated Italian clinician and bacteriologist, calls Virchow the greatest pathologist and anatomist, *Princeps per orbem celebratissimum*, and dedicated to him his clinical investigation on intravenous injection of bi-chlorate of mercury. The address is in classical Latin and is an acknowledgement of the classic address made in Latin by Virchow on the occasion of the international congress in Rome.

What has Rudolph Virchow been to the medical profession in our country? Are we indebted to him for any influence on the development of pathology and pathological anatomy? Long before Virchow began his career the medical profession of America had already made itself independent of England, except with regard to Brownianism, which for some time captivated even some of our best men. Here in America no natural philosophy or other systems disturbed the logical development of American medicine.

Celebrated men in London, Edinburgh or Paris had among their students young, ambitious and talented Americans. In the latter city, Broussais, Magendie, Louis, and Trousseau were among the

men who exerted an influence on our practitioners and on our literature. Numerous instances prove this statement—Jacob Bigelow, who wrote “*Flora of Boston and the Surrounding Country*”, 1814; “*Remarks on Military Hospitals, Prevention and Treatment of Diseases among Soldiers*”, written in 1813, by James Tilton, a work which demonstrates the pernicious influence of hospital treatment and the necessity of open-air treatment; later, the work by J. K. Mitchell on rheumatic pain in spinal disease; Beaumont’s classical work on the gastric fistula; Korner’s demonstration that the color of cholera stools was due to detached epithelium and that congestion is not so much an active process as it is the result of mechanical impediment in circulation; Alonzo Clark’s connection of auscultation and percussion, 1839, and his treatment of peritonitis with large doses of opium, 1841; Carr’s explanation of the origin of the crepital rale in pneumonia, 1842; J. Ware’s work on the identity of laryngeal croup with pharyngeal diphtheria; Wendell Holmes on the contagion of puerperal fever, 1842; coccygodynia and its treatment by extirpation of the coccyx, by J. C. Nott. There are a great many others whose contributions to scientific medicine have left an everlasting impression; we should not forget Gross’s work in pathology and pathological anatomy which Virchow, on the occasion of a reception given at Virchow’s home in honor of Gross when the latter visited Berlin, declared to be a classical exposition of pathological observation.

It is necessary that a man shall be a general practitioner if he wishes by his work to advance the art and science of medicine. Specialists are able to do this only when they are in possession of full knowledge of general medicine. Such was fortunately the case in Europe and America. The surgeons of America, at the time when Virchow’s studies and pub-

lications became known, were men engaged in general medical work, who had the advantages of an excellent general education and a wide horizon in medicine. No wonder that Virchow’s works found them prepared; to follow his work was a congenial task. The Master, Virchow, was to them a sympathetic man, whose earnest work culminated in finding the ultimate unity from which our deductions should start, who never lost sight of the final aim of all our investigations—the prevention and treatment of the diseases of the single individual and the human race.

Virchow’s *Cellular Pathology*, translated into English, had in a short time seven editions in America. The medical journals of America spread the teachings of the Master all over the broad land; the name Virchow became a “household word”. His words were translated—as for instance, “*The Disadvantages of School*” (Jones); “*The Technique of Obduction*” (John J. Jackson); “*The Life of the Trichina*” (T. J. Small); “*The Infectious Diseases of the Army*” (Rufus King Brown). The medical profession of the country became imbued with his teachings and appreciated his importance in relation to modern medicine. During our Civil War, when our ambulance system, our barracks hospitals for the care of the wounded and sick soldiers, and the efforts of our sanitary corps were followed by such excellent results, it was Virchow who did not hold back his unrestricted approval of the humanitarian work of our people. Here he saw the practical fulfillment of duties and wishes of the physicians and the humanitarians.

It would be a serious mistake if I should feel that I were able to describe what Rudolph Virchow has done for internal medicine. We have become acquainted with the importance of the cell in the organism, with the facts that disease is not an entity, not anything foreign to the organ-

ism, and that all processes in disease are subjected to the same laws which govern the processes in a sound body. The cells and groups of cells (the different organs) are the objects to which we have to direct our attention if we wish to understand life and disease. The normal and the abnormal condition of the cells and cell groups are the objects of our observation. Medicine of today is a branch of science, it is the science of dealing with life in normal and abnormal conditions, and is therefore connected with biology. If we today study the effect of different causes of disease and the symptoms, *on the organism*, it is the condition of the different organs and their power of resistance that we examine. If an organ has become weakened in its struggle for existence by disturbance of nutrition or by weakness inherited from previous generations, this doctrine of disturbed nutrition and of the law of heredity is the etiology, and symptoms of disease must lead us back to the cell, which in itself is an independent organism, a unit, a living individual. If changes in condition of life of the cell take place, the result is change in the whole organism. The cell is, through its material substratum, the bearer of complicated, inherited peculiarities, of the power of resistance, of weakness, and Rudolph Virchow's works and observations caused a radical change in the views of physicians. The practice of medicine was intensely influenced by his discoveries. The change which took place was not so sudden; a good many discussions in societies and journals were needed to destroy doubts as to the truth of Virchow's doctrines, until the fighting of disease was carried out on rational lines, not prejudiced by any old dogmas, only having a starting-point, facts, carefully observed facts. We fight diseases by improving nutrition, by regulating the functions of the nervous system, by bringing the organism under the most favorable

conditions, by looking after the social and economical conditions of life, all with the purpose of increasing the life energy of the cell.

Treatment of diseases, our therapeutic measures, are therefore in the broadest sense based on the principles of cellular pathology. Rudolph Virchow, seeing with a prophetic eye, predicted that we should not fight disease but the cause of the disease and that it should be our chief aim to restore the normal processes of life.

Virchow remained in contact with the practice of medicine. He did not hesitate to leave the lofty heights of pure science; he worked and spoke for the practical application of results gained in the laboratory, always with zeal, skill and not without lasting effect.

Besides his work in the field of internal medicine, Virchow has done a great deal in pleading for popularizing science. He was also in favor of propagating among the people sound knowledge of medical topics. Ignorance and prejudice form an insurmountable obstacle to rational discussion of application of hygienic measures and very often prevent the carrying out of sanitary advices. Virchow's own words are the best expression of his views on the practical side of medicine and his broad humanitarian ideas.

Finally, theory and practice of medicine have to be considered from the standpoint of a humanitarian. The practice of medicine must be the true bearer of humanitarianism, and this is the case just as much where the helping of a single individual is in question as it is when by the practice of medicine one tries to relieve the suffering of whole classes or even of a whole nation. There must be a consciousness that practice and theory have the right of existence only when their aim is to benefit humanity. Their value is not measured by the degree of satisfaction, the pleasant relations and the gain derived from them, but only by the bene-

fit accruing to the human race. For our professional work, there is only one satisfaction that has to guide us—to comfort the sick, to relieve suffering and to heal. The recovery of the patient—that is the essential factor, which must control our actions, that must be the measure by which we value our satisfaction.

Mr. President and members of the Wayne County Medical Society:—We have gathered here tonight to express our deep regret at the death of Rudolph Virchow. When the great man was buried in Berlin, a committee of American physicians attended the funeral, and presented an exquisite wreath of Easter lilies and maidenhair ferns from their countrymen practicing and studying in Berlin, with an inscription testifying to the high esteem of the medical profession of the United States for the well-renowned pathologist, Rudolph Virchow. Our meeting tonight, a thousand miles away from the final resting-place of the illustrious dead, forces upon our mind the thought that such occasions as this memorial meeting unite the nations of the world, for the purpose of promoting the true interest of humanity, to foster culture and encourage morality by an unbounded zeal for scientific work. Let every one of us tonight leave this meeting with the noble intention of doing faithful work, of doing our duty. The immortal hero of modern medicine, whose deeds, works and noble ideas will serve the glory of conquerors on the bloody field of battle, had for his guiding star the plain word, duty. He has gone to his reward. Who will judge, and who express doubt or hope?

"We are unable to pierce the past, the future is hidden from us, but the categorical, imperative call of duty to be performed is with us, the obligation of one and all of us to do our share, and to live up to the highest ethical and æsthetical standard we can formulate, without regard to reward or punishment, and before the worship of every other ideal."

368 Woodward Avenue.

THE COUNTRY DOCTOR.

BY D. L. WALMSLEY, M. D.,
Detroit, Mich.

"*Humanum est errare*". How true! In undertaking the defense of any one is it not well to ask ourselves, Is it worth while? He who defends his neighbor's wife against the wrath of her husband is liable to get into trouble; yet it is our duty to do right and fear no evil.

I have been induced to pen the following lines in defense of a worthy class of our profession, the general practitioner of the country, who is really and truly the back-bone of the profession, but to whom the city specialist has frequently sneeringly alluded as the *country doctor*. Why the gynecological and other city writers should select the country general practitioner as an object of derision when wishing to write unkind things about their less presumptuous *confrères*, while every city contains many general practitioners, is open for explanation. Such expressions as "Gynecology and the country doctor", "The country doctor vs. the specialist", etc., with insinuations of lack of ability and dirt ill become a favored self-appointed few with no claim to superiority by college training, being graduates of the same college and class as their country brethren, the only claim for specialty work being self-appointed, smacks of egotism of a highly developed degree. Not only egotism, but it is evidence of a lack of the milk of human kindness that should be part and parcel of a well-balanced gentleman, especially so in the profession of medicine and more particularly in dealing with or speaking of a *confrère*, in his presence or in his absence. The profession of medicine can ill afford to speak lightly of its own members; the laity usurp that prerogative, and rather than egg them on in an assumed privilege that should be suppressed each member of our profession should be a model of courteousness to his brother that would

put to shame the laity who forget to do unto others as they would be done by.

May we ask, in all simplicity, wherein the distinction between the city and the country doctor comes in? Is the city man a different class of man? Did he graduate from a specialist college? Are there colleges for every class of specialist? Or are we birds of a feather? I can look back to my college days, and my recollection serves me that more than half of a class of 65 were country boys. The dean of the faculty and four of the nine professors had been country practitioners and two of them came in from country towns to lecture during my course. And I feel like saying of them that they were not behind their city colleagues in ability nor in holding the respect of the class.

Having spent twenty-five years in town and country work and ten in city work I know whereof I speak. Let me say that my experience is in favor of the country man. He is an all-round man. Having no specialist with whom to divide his work, he grows broad and has an all-round practical knowledge which the city general practitioner cannot get, because the latter is beset on all sides by specialists. The country practitioner becomes a self-reliant man, because he has to trust to his own gray cell matter to stand by him in time of difficulty and not the specialists. His practice is varied, covering the great field of general practice. If he is inclined to be studious, the great variety in his field of work makes it more profitable and pleasant and lends enchantment to study, which combined with his varied labor completes a character worthy of an appellation other than *derisive*.

I grant that every man that studies our profession is not by nature intended for it. If it is not his *forte*, he will not be a success in general or *special* practice. Every man is not mentally his fellow's equal. Environment has much to do with re-

sults. The country practitioner has fewer facilities than the city man, but his all-round practical knowledge enables him to accomplish equal results with fewer facilities. The country surgeon will successfully do surgical work that with like facilities in the city would be a failure. I myself have achieved wonderfully successful results from surgical and other work in back-woods huts that under similar conditions in a city I should tremble to attempt. The man who keeps closest to nature, with cleanliness thrown in, with fads and whims excluded, is the man who will meet with success in surgery and the practice of medicine. I am not personally averse to specialty work, nor have I any antipathy to specialists; but I do not approve of a most worthy part of our own profession being lightly or aspersively spoken of, and especially do I detest aspersions from our own profession.

In all seriousness, and with due consideration for all concerned, I do think that specialists should be men who have had at least ten years of active practice, preferably all-round country practice, such a general practice as rounds a man full and plump, thereby guarding against narrowing into a groove and becoming a one-legged man.

The tendency of the present age is for recent graduates to take up specialty work. I think this is a mistake and will be demonstrated to be such before many decades have passed. If this habit becomes general, every branch of the profession will be a specialty, general practitioners will be a thing of the past, every country village will have to be provided with as many specialists as there are branches of our profession in order to cover the field of labor, and the folly of general specializing will be evident. In cities the plan is more feasible, the large population being a helping factor, but the one-legged man will be strongly in evi-

dence before many decades have passed. On the principle of nine men to make a pin, so our patients will have to pass through all the specialists' hands to determine their ailments, no one feeling it professional to treat a case not his own peculiar specialty. The inevitable result—men of one leg and one-cell brains, a complete degeneracy.

"Helloa! Stop that writer. He is a monomaniac". Well, perhaps he is, but remember that a monomaniac is bright on subjects other than his one mania. Let us enumerate a few of the present-day specialists. Brain specialists, eye and ear, nose and throat, chest, stomach, abdominal-gynecological, orificiary, hernial, orthopedic and last, but by no means the least conspicuous, the electrical specialist, with his powerful lightning machine and *bust developer*. There are many minor divisions. Who next? Will some one prophesy the future for the general practitioner? Is any further evidence needed to predict his destiny? Is it necessary to further bury him or heap aspersions upon him?

In a glance backward over the past hundred years, to which, city or country, are we indebted for the introduction of ovariectomy, a primary gynecological specialty? Was the illustrious Ephriam McDowell, M. D., of Danville, Ky., a city specialist or was he a country doctor? In a recent article from the able pen of Dr. William Lane Lowder, of McKinney, Ky., on the passing of the historic McDowell building at Danville, Ky., he says:

"On a bleak and barren December day in 1809, when the woods—the oak, the aspen and the willow—were leafless, and not a thrush had yet essayed to clear the furrowed brow of winter, history tells us that this symbol of alarm, as a sentry perched on the office door of a village surgeon, witnessed the gathering of an excited and angry mob. The sheriff of

the county at the time interfered and effected a compromise, if such it might be called, in which he stated that in case the patient recovered from the effects of the operation, all would be well with him (McDowell); but in case she succumbed to the results of the surgical procedure about to take place, he would be in the hands of a merciless mob. Chill and cheerless must have been the comfort around him.

"The operation was successfully completed; and the wild flowers of sunshine sprang as it were, beneath his boyish tread; opening in advancement, expanding in maturity, and illuminating his pathway with all the richness of luxuriance".

The angry mob had time to reflect and it was not long before the anger of yesterday was changed to the joy of today; and in the place of abuse and death they heaped praises on the head that they had intended for a target. This cool, nervy, all-round accomplished country general practitioner, not daunted by threats of cruelty and death, followed his first with other operations of a like nature—13 in all, of which eight recovered (over 62½ per cent.); and this, too, long before the days of anæsthesia or antiseptics, or trained help, or tissue ligatures, or fixed rules of technique, or sterilizing, or fumi-gating, or spraying, or any of the more recent fads that count for so little. History tells us that he was *cleanly*, which is of so much import in surgery. Good soap and boiled water, and plenty of them, thoroughly used by all in attendance, and the dangers of infection are reduced to a minimum.

What does history record of the kindly manner in which big guns of the profession in cities treated this distinguished country doctor, when learning of his successful and brilliant operations done in the backwoods of Kentucky? Listen: In 1827, Dr. Johnson, editor of the *London*

Medico-Chirurgical Review, after announcing the results of five cases of ovariectomy, four of which had recovered, says: "There were circumstances in the narrative of the first cases that raised misgivings in our minds, for which uncharitableness we ask pardon of Dr. Ephriam McDowell, of Danville, Ky., and of God". What a noble confession! Would that some of the sneering writers of the present day, who treat of the country doctor, would do likewise. If they were honest with themselves they would: but may we expect it in an age in which the main object, apparently, is to *get there?* honestly, if you can, but *get there*.

While it is human to err, it is also honorable to be prudent.

Notwithstanding, I am still encouraged to believe that the day is not far distant when very many country sections will be supplied with hospital facilities, which will enable the general practitioner to display his greater all-round ability in treating every ailment, thus securing to country people advantages they have a right to enjoy. Let not envy, or malice, or evil thoughts beguile our better judgment.

270 Woodward Avenue.

Castor-Oil in Typhoid.—Dr. C. C. Bass, of Columbia, Miss., reports his experiences in the treatment of typhoid fever with castor-oil. He reports eight cases in which diarrhoea, delirium, and tympanites were prominent symptoms. All were treated by a dose of castor-oil. The author says: "I think any physician will be pretty thoroughly convinced after trying it in one case. Take any case, the severest you may see, and give him a dose of castor-oil every morning and no other medicine whatever. The dose should be large enough to act in four to six hours and should range from 2 teaspoonfuls to 2 tablespoonfuls according to the condition of the bowels. Keep an

accurate record of the temperature, and you will be convinced. At any time during the course of the fever withdraw the oil, and both you and your patient will be convinced. Float the oil in sweet milk in a hot cup and there will be no objection to the taste. It is not very objectionable, however, to typhoid patients, as their sense of taste is very dull."—*New York Medical Journal*.)

Vital Statistics.—The *Clinical Review* says: "Some put it as a fair estimate that not above one per cent. in the medical profession gain more than a day-to-day livelihood." We believe it, and would add that not an overwhelmingly large percentage of the 99 per-cent. make more than a hand-to-mouth livelihood.

Sepsis Treatment.—The *Journal of Obstetrics*, reviewing Wernitz's article on this subject in the *Centralblatt für Gynakologie*, sums it up as follows: Through a rectal tube a warm one-half to one per cent. saline solution is allowed to run gently into the intestine by raising an irrigator in which it is contained. The irrigator is then lowered, allowing the return flow of the fluid. It is then alternately raised and lowered, changing the fluid as it becomes impregnated with fecal material. When the intestine has been cleansed in this way so as to leave its walls free to absorb, the alternate raising and lowering of the irrigator are so timed as to permit more to enter than to flow out. In an hour about one-half to one liter of saline solution will be absorbed, causing marked increase of the quantity of urine, loss of thirst, and dryness of mucous membranes, and profuse perspiration.

Prehistoric.—"It is now over four hundred years since the beginning of the use of mercury in the treatment of syphilis," says the *Clinical Review*. Yes, and now tell us how long it is since the beginning of syphilis.

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A CONCISE MONTHLY
EPITOME OF PRACTICE AND THERAPEUTICS.

WALTER C. BOYNTON, Manager.

—ISSUED BY—

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DETROIT, MICH., OCTOBER, 1902.

THE WAYNE COUNTY SOCIETY ELECTION.

The election of the Wayne County Medical Society was held in the Fellowship Club on the evening of October 2, with the following result: President, Dr. F. B. Tibbals; Vice-President, Dr. C. G. Jennings; Secretary-Treasurer, Dr. Hugh Mulheron; Board of Directors—Dr. Arthur D. Holmes, Dr. Samuel G. Miner, Dr. H. O. Walker, Dr. Samuel Bell and Dr. John E. Clark. It was not to be expected that at a meeting of this kind, the first one after the recent consolidation of the two societies heretofore existing in the city, there would be no rivalry between representatives of both societies to secure the nomination and election of their men; the wonder is that there was not more wire-pulling done than there was. As the matter stands now, everyone is satisfied, and the new officers can look for the hearty support of the entire society. The question of selecting five directors was a difficult one, since more than fifty members received nominations for the office, and it was a matter of some time for the tellers to announce their decision. The large number of nominations made does not suggest much log-rolling, nor does it look as if the "bar'l" had been opened to any extent. There was simply plenty of good directorate timber and the members confessed their perplexity in choosing any one more than another.

There should be very good times ahead for the Wayne County Medical Society. Now that the old-time spirit of emulation between the societies has lost its chief reason for existence, both sides will undoubtedly turn in and help to make the county society forge well up into the front rank of bodies affiliated with the national organization. Wayne County has many good physicians; all of them are not members of the society, but a little energy on the part of those already members will do wonders toward securing a large and a creditable membership. Every practicing physician in good standing in the county is eligible for membership in the society, with the exception of the followers of Hahnemann who hold rigidly to the dogmas of the latter. It is a well known fact that many of the practitioners of homeopathic doctrines do not confine themselves strictly to the teachings of their school, but take what they think is good from all schools. It is possible that the present rule excluding homeopaths from membership in the society may be so changed as to allow many of them to join. In all, it is expected that nearly 500 of the physicians in Wayne county eligible for membership in the society will join it within a short time; this would give plenty of material for work to advance the interests of the society in the councils of the state society and in the national organization of physicians. An index of the interest which is taken in the society is the fact that the meeting of October 2 was the largest of its kind ever held in Wayne county and that it was one of the largest ever held in the state.

Dr. Samuel Bell, the retiring president of the Wayne County Medical Society, made an able address at the meeting. He was strongly in favor of sub-societies, where special work could be carried on by members interested in a given specialty, reports on the work to be made to the larger society from time to time. It is

thought that in this way the interest of the many specialists already members of the Wayne County Society can be maintained in the organization at large, and that the opportunity of presenting notable findings before a large organization will have a stimulating effect on the work of the specialists. It is true that many specialists are already members of special societies, but it is believed that the plan of having smaller societies within the county organization will have a good effect on local work. Dr. Bell also spoke strongly in favor of the plan of dividing the county into districts, in each one of which workers shall be placed to secure a larger membership for the society; it is to be hoped that this plan will be carried out.

The finances of the society were reported to be resting comfortably. There was about \$500 in the treasury to be turned over to Dr. Mulheron, and with the additional dues from members it is expected that a good sum will shortly be on hand for the expenses of the society.

THE VIRCHOW MEMORIAL MEETING.

September 18 was selected as the evening on which the members of the Wayne County Medical Society should meet to do honor to the memory of Rudolph Virchow. Accordingly, at Fellowcraft hall, a large number of the members of the society gathered on the evening of that day to testify by their presence to the honor in which they held the remembrance of the world's foremost pathologist. A peculiarly personal element characterized the reading of the papers, as at least three of those who were down on the programme had been pupils of the great teacher. The papers were heard with close attention and none of the speakers forgot to tell the virtues of the man who has so recently died.

The very nature of the life that Vir-

chow led makes it a somewhat difficult matter to write separately of any one phase of his character. He was so constantly occupied in activities of almost incredible range that his separate branches of study seemed to merge themselves into one working whole. Whether we regard him as a scientist, scholar, political thinker or political doer, we must stand amazed at the work, specialized and general, that he was able to accomplish in his different lines. A few hours' sleep sufficed to renew his giant energy. A little food and drink served as the fuel by which that untiring engine, his mind, was driven to accomplish so much in the interest of mankind. And this interest appears to have been the key-note of Virchow's character. He was always doing kindnesses to the race—gruff and impolitic kindnesses, to be sure, but the world will soon forget his gruffness and lack of policy in the memory of what he could do for mankind. He thought with the poet that "The proper study of mankind is Man", and evidently he set out to study him in all his relations to the social body. First trying to secure for him good health, he went further and showed him how to live, socially, economically and morally. He believed that healthy men with healthy minds could accomplish what they set out to do—and his own life shows us that his theory was, in his own case at least, a tenable one. The accident which was a contributing cause of his death was a deplorable one, all the more so because a man of so many-sided an ability was taken from the world of knowledge at a time when he was still one of its chief figures.

It is with great pleasure that we publish in this number a partial symposium of the Virchow papers read at the meeting last month. In addition to those of Dr. Ballin, Dr. Mulheron and Dr. Flintermann, Dr. Gibbes read a paper on "Benefits Resulting to Science as a Result of

his "Microscopic Pathologic Research Work" and Dr. McGraw discussed the subject, "Gross Pathologic Work Pertaining to Tumors".

VACCINATION IN PORTO RICO.

Major Azel Ames, late brigade surgeon U. S. V., commanding the U. S. vaccine corps and director of vaccination, Department of Porto Rico, read an extremely interesting paper on this subject before the Association of Military Surgeons at the national capital last June. The paper has recently been printed in the *Pacific Medical Journal*, and it is interesting reading.

Major Ames cannot speak too highly of the splendid work done by the members of the corps in combating the untoward conditions under which they first had to work, and takes the occasion to pay a high compliment to the medical profession of the United States in civil life, from whose ranks the field and hospital surgeons of the late war were so promptly and successfully recruited. He feels that the *comprehensive, compulsive* vaccination—the italics are his own—of the people of Porto Rico effectively proves that the disease of small-pox can be stamped out among people of any region. The wide-spread success of the preventive measures taken he regards as an object-lesson to the world.

Small-pox was prevalent in all of the outlying districts of Porto Rico at the time the American army landed on the island in July, 1898, and its presence in the chief centres was checked only by the most herculean efforts on the part of the military surgeons. People who had been exposed to the disease were constantly passing to and from the towns, carrying the disease with them, and there was before the medical department a most serious problem. Nearly a million people were afflicted with variola in 1899; and

under the favorable conditions prevailing, the disease spread with great rapidity.

There were two small farms for the production of bovine lymph, maintained under Spanish municipal contracts, but Major Ames describes their condition as "moribund", when the Americans began to face the problem. How well they laid their plans and how well they were carried out is shown by the fact that within five months from the time the great project was undertaken the disease had been literally driven from the island of Porto Rico.

A vaccine farm was established at the Baths of Coamo, under Major Ames' supervision, and the work began. Over 1,000 head of young cattle were secured, arrangements were made for their maintenance and for the maintenance of the vaccination corps of over 100 men; initial lymph had to be secured from the United States, almost 2,000 miles away, all to secure an output of more than 16,000 charged "points" daily, of which 15,000 were sent daily into the infected districts. In his paper Major Ames alludes to the total absence of the typical vesicles which appear on vaccinated calves in the northern portion of the United States; the entire supply of lymph was secured from the bases of the crusts or cones, which developed in great abundance on the vaccinated cattle. The writer attributes this state of things to the fact that the heads of the cattle were not confined and that the vesicles were broken by their tongues as soon as formed, a process which was aided by the rough grass and underbrush on which they lay. An idea of the large quantities of lymph produced may be gained from the statement that at one time the farms produced the astonishing total of 27,000 double-charged "points" in one day.

The major gives some very interesting findings as the result of his hard experi-

ences. Among others he states most positively that, though syphilis, tuberculosis, elephantiasis and tetanus are common in the island it did not follow that any one of these diseases, or any other disease, bovine or human, was imparted to an individual by the process of vaccination. He adds: "With tetanus so common in the island that 818 cases occurred in seven months of 1900-1901, a single case only (in an infant) occurred after vaccination in 860,000 vaccinations, and this, of course, would have occurred as readily with any abrasion."

The conditions for the actual vaccinating of the people themselves were almost ideal, as abundant military and civil authority was at hand. Major Ames prepared the order issued by General Guy V. Henry, which made the possession of a vaccination certificate a necessity to the people, a prerequisite to employment or pleasure; the vaccinators were besieged by those who wanted to be vaccinated and the article states that when night fell hundreds of people were waiting their turn, camping for the night wherever night found them, so as to be on hand next day. When the pressure was too great, vaccination was continued by lamp-light. The thoroughness of the work and the favorable conditions under which it was done are shown by the high percentage ($87\frac{1}{2}$ per cent.) of successful vaccinations made.

The article concludes as follows: "*Summary.*—In October, 1898, small-pox was endemic in Porto Rico; in December it was epidemic; in January, 1899, it had honey-combed the island; by February there were over 3,000 recent cases, and the disease was spreading at a gallop.

"In February systematic compulsory vaccination, carefully and scientifically conducted and recorded, was begun simultaneously and with pretty equal efficiency in all parts of the island. It was vigorously prosecuted *for four months only,*

till July 1st, when 860,000 vaccinations had been made in a population of about 960,000. Of these $87\frac{1}{2}$ per cent. were successful. The work then ceased, because completed; the disease had practically disappeared; the fuel for it to feed upon had been consumed by the "head-fire" of vaccination. In the two and a half years that have since passed, instead of the former annual average death-rate of 621, the mortality from small-pox has been but two per annum in a population of nearly a million. Can any *honest*, intelligent person doubt in face of these indisputable and easily verified facts, *what* it was that in *four* short months drove small-pox from its wide and long-time reign in the island, and has since kept it out? *Vaccination alone did it, and will do it effectively, wherever compulsory legislation, properly enforced, secures its benefits to all!*"

EDITORIAL NOTES

The last issue of the *Medical News* prints the statement of facts in connection with the refusal of Judge Arnold, of the Common Pleas Court, to grant a charter to the First Church of Christ (Scientists) in Pennsylvania. The opinion of the judge is well worth quoting and is accordingly given herewith: "The charter applied for in this case covers a double purpose—a church and a business. We have power to grant a charter for a church, but we have no authority to grant a charter for a corporation for profit, that is, a business corporation. That the application is for a charter for a corporation for profit is shown by the statement in the proposed charter that the purposes for which the applicants desire to be incorporated are 'to establish and maintain a place for the support of public worship and to preach

the gospel according to the doctrines of Jesus Christ,' as found in the Bible and the Christian Science text-book, 'Science and Health, With Key to the Scriptures,' by Mary Baker G. Eddy. What the gospel according to the doctrines found in the Christian Science text-book is, is shown in an article signed by Mrs. Eddy and published in the Christian Science Journal of March, 1897, in which she has written that the Bible and a book written by her called 'Science and Health, With Key to the Scriptures,' 'and my other published works are the only proper instructions for this hour. It shall be the duty of all Christian Scientists to circulate and to sell as many of these books as they can. If a member of the First Church of Christ, Scientist, shall fail to obey this injunction it shall render him liable to lose his membership in this church.' This shows that the so-called church is a corporation for profit, organized to enforce the sale of Mrs. Eddy's books by its members, which is a matter of business and not of religion. As the courts have no power to charter such a corporation, the application for a charter is refused."

Minnesota osteopaths are out with a statement of what they want. In a striking manner their statement reminds one of the desire of the Confederacy in the days of the Civil War: all that the southerners wanted was "to be let alone". All that the osteopath wants is the right to sign birth and death certificates—the latter would probably keep many of them busy if it should be granted—immunity from criminal prosecutions based on the charge of practicing osteopathy; and the same privileges in courts of law and in relation to public duties as are accorded 'other physicians'. The *Northwestern Lancet* makes a singularly pertinent suggestion in connection with the statement of what

the osteopaths want. It says: "These demands are simple and as simply secured, for they place the Osteopath on the same footing as physicians. The proper way to secure them is to take the same examination that the physician is required to pass, and thus secure all privileges granted by law to physicians. These people gradually call themselves physicians, and are gradually assuming the rights of physicians by suggesting and advising remedies used by physicians. They see their limitations, and are anxious to widen them, yet they have not been willing to pull themselves up to the level of the physician. The same old bitterness must be repeated in the coming legislature unless the Osteopath is willing to avoid it by passing the required examination".

The medical side of the present coal famine all over the country is one that should attract some attention from the profession. Health Officer Kiefer is quoted as saying that he looks for a large increase in the death rate this winter, particularly among old people and babies, unless some measures to insure a supply of fuel are forthcoming before the cold weather is fully upon us. His prophecy appears to be an entirely reasonable one; when it is considered how necessary a thing heat is, and especially for infants and invalids, the possible results of a continued coal famine are nothing short of appalling. The absence of heat in hospitals and asylums may well be calculated to produce the most fatal results, and it may become necessary to have the young and the infirm placed in churches and other public places, where soft coal may be burned. Even this means of heat, however, is by no means sure. If the price of all sorts of fuel continues to advance, we may be sure that a terribly high death rate will be the result of failure on the

part of the poor to secure the means for warming their houses.

How far-reaching the arm of British ethics in medicine is has been well shown in the reported action which is contemplated in the case of some Australian physicians and surgeons who were indiscreet at the time of the king's recent and happily terminated illness. The charge made against the island residents is that they supplied the papers in Sydney and Melbourne with comments on the case, and for this they are to be reported to the British Medical Association and the Royal College of Surgeons for having violated a part of the code. This seems to us, unless the facts have not been fully stated, like going too far. A public is naturally interested in any expert concerning a topic of national import, and the well-known patriotism of the Australian colonists must have made them eager to know every chance the king had for recovery. Just why a reputable physician should not have been permitted to give the benefit of his knowledge to people who were eager for every scrap of information bearing on their king's condition is not quite clear. The case of the king, as a public character, was a matter of public interest; and it appears to us that any action taken against the Australian practitioners which will be to their disadvantage may possibly be a trifle unjust.

Something of an innovation has been instituted by the management of the Northwestern railroad, in that their train employes are to be given careful training in first aid to the injured. Chief Surgeon Owen, and General Manager W. A. Gardner are at work, completing plans for the elementary education of the men and it is expected that when these plans are carried out every man will be able to set a

broken leg or an arm, bind up wounds, and administer restoratives to the injured suffering from shock. Every passenger train will carry a medicine chest and a school of instruction for the men is about to be established. The idea is being put into execution partially because of the report of competent railway surgeons to the effect that from 50 to 75 per cent. of the deaths occurring from injuries received in a railroad wreck could be prevented by proper care, given immediately after the accident.

The *Philadelphia Medical Journal*, finds editorial space to comment caustically on the recent automobile accident in which young Fair and his wife lost their lives in France. "The death of young Fair," it says, "need greatly surprise or seriously grieve no one. If the young man had lived much longer he would probably have killed some one whose life was much more valuable than his own. * * * Sympathy for this victim of self-inflicted immolation should be tempered by a consideration of the fact that Fair was deliberately, recklessly and selfishly imperilling the lives of others when he lost his wife's and his own. * * * The public cannot afford to wait until all the fast automobilists kill themselves off. It should take a hand itself." From which we infer that the editor of the *Journal* is somewhat opposed to reckless automobilizing.

On September 26 last, Dr. Alban C. Gardner, well known among the medical fraternity in Detroit and in the state, passed away, after a three years' illness. The doctor was a native of Palmyra, N. Y., and was about 60 years of age. He spent most of his life in Michigan and for the past quarter of a century was a resident of Detroit. He was a prominent Mason, a member of the Dowagiac lodge.

Command of the English language is usually considered a blessing, and the man who can express himself readily certainly has many advantages. The author of a book we have recently read possesses a vocabulary which causes us to break the tenth commandment. He is a physician and he says to a nurse, in speaking of a patient: "She has become wrapped up in the fascinating maze of rogatory stichomancy, impanation and thurification. This farrago of conditions could not produce any other conditions but what we have just seen. I think you understand me?" This is a staggerer, but when the nurse says comfortably, "Yes, doctor, I think I do", we simply gasped and consulted the dictionary.

New Orleans will be the place of the next meeting of the American Medical Association, to be held May 5th to 8th. Dr. Isadore Dyer, of New Orleans, has been made the chairman of the committee on arrangements and he has already taken steps to secure the co-operation of the southern medical press in making the meeting a memorable one. With characteristic hospitality, Texas is suggesting that a committee from the medical society of that state be appointed to invite the leading members of the national association to be their guests in San Antonio for a few days before going on to New Orleans. A number of the latter have already signified their intention of accepting Texan hospitality before they attend the meeting.

The daily press contains an account of the death of Dr. Daniel L. Wasser, of Pittsburg, on September 18 last, under particularly distressing conditions. He was a typhoid fever patient in the West Penn hospital, and was given an injection of carbolic acid instead of oil by his nurse. Two bottles were at hand and by mistake the fluid for the injection was taken from

the wrong one. How any human being could make such a ghastly error passes our comprehension and the fact the mistake was made only serves to emphasize the necessity for unceasing vigilance against error on the part of every one who has to do with ministering to the sick.

The annual freshman-sophomore rush at the Detroit College of Medicine was held on the first day of the month and when the veil of battle lifted two students were unconscious, six so dizzy as to require assistance, seven had their arms or legs put out of commission, and bruises and cuts were plentiful. Clothing suffered heavily in the engagement, but no fatalities are reported, from which we are led to infer that college spirit at the college in question is on the wane.

"The physician needs a society more than the society needs him," says the *Northwestern Lancet*. Evidently the societies in Minnesota are blessed with a large membership and could spare a few. We had always thought that the matter of a physician's membership in a society was one of mutual benefit—the physician benefitting the society, and the society benefitting him in turn. Where either fails the other can get along better alone.

Hearty Laughters.—Three cases of remarkable laughter, in regard to its onset as well as duration, are reported to have occurred in Wellington, Ill. The first case was that of a girl, 15 years of age, who laughed four days in succession. The spell was cut short by the effect of a glass of cold water being thrown into the girl's face by her father. The second case was that of a girl, 15 years of age, and the third, that of a young man. In these two cases the victims stopped laughing, probably from sheer exhaustion, after a week's duration of the disease.—(*St. Louis Medical Review*.)

NEW INSTRUMENTS & DEVICES

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

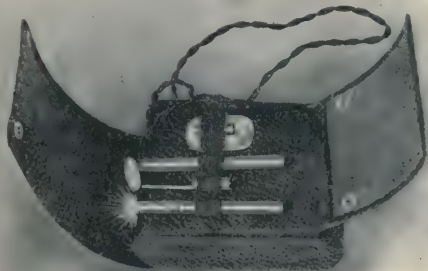
We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

PHYSICIAN'S DIAGNOSTIC LAMP.

In an attractive and compact form, this device gives the physician practically what he wants in the way of a small lamp for examining the throat of a patient. As the cut shows, the apparatus consists of three parts—a handle to which the cord from the batteries is attached, the lamp and shaft and an adjustable tongue depressor. Either constant or intermittent



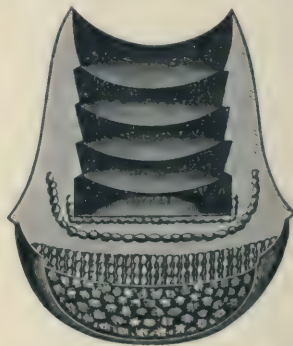
illumination may be secured with this outfit; pressing a handle down will secure illumination of the lamp as long as contact is maintained, or the shaft may be pressed firmly down into the handle and a continuous circuit be established. The light is very brilliant and practically heatless and the adjustable mirror admits of examining every portion of the

throat possible. Power for illumination is furnished from dry batteries and it is estimated by the manufacturers that 500 examinations may be made at a cost of fifty cents to the physician. The size of the entire device, when it is folded up in its leather carrying case, is $3\frac{1}{2} \times 4\frac{1}{2} \times 1\frac{1}{2}$ inches and the total space occupied by it is therefore a little over 23 cubic inches. It may readily be placed in the physician's bag, being light in weight and occupying comparatively little room.

The price of the device, complete with battery, is \$5.00, and it is well worth that sum.

FRICTION PLUG CRUTCH TIP.

Every physician who has to prescribe the use of crutches for his injured or deformed patients knows the difficulties that arise from the frequent wearing out and subsequent slipping of the rubber tips which are placed on crutches in order to afford a firmer foot-hold for the patient. A new form of tip, however, has recently made its appearance which bids fair to do away with the annoyances which have previously been experienced. The friction plug in question, which can be applied to all kinds of crutch tips, is made

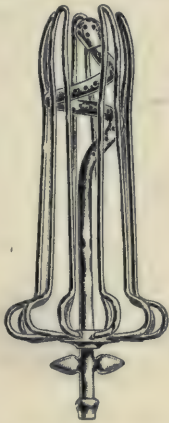


such a fashion that the wear comes on the ends of the threads, so that the danger of unraveling is done away with. The cloth itself is coated, or frictioned, with rubber and by this means it becomes an integral part of the tip when moulded, adhering firmly to the rubber which sur-

rounds and encloses it. The wearing surface thus formed is much more durable than the plain rubber and reports from continued use of the new-style tips show that in practice the length of time which this kind of fabric will wear is from four to six times that of the older style, or even more. The new plugs cost a little more than the others, but it is claimed, and with apparent justice, that the actual cost of them is no greater, when the longer time of service is considered.

SYRINGE TIP FOR PHYSICIANS.

Every month brings something new in the way of a tip for syringe, and the one shown here is one of the latest. It is easily used in connection with either a fountain or an ordinary bulb syringe and is primarily intended for thoroughly flushing out the vagina, when the latter has been well expanded. The fine wire



looped valves of the dilating speculum provide for a dilatation sufficient to admit of a thorough examination or for the administration of local treatment. A medicated swab may be easily improvised by winding a medicated gauze about the helical coil of the douche tube, and thus the syringe tip combines a means for almost any sort of local treatment with an unusually efficient device for flushing the vagina. The tip retails for the sum of \$1.50.

NON-COLLAPSIBLE NIPPLE.

Dealers in rubber goods are constantly bringing to the notice of the profession some new form of a nipple for bottle-fed babies, which prevents the collapsing of the nipple. The form we illustrate herewith has been on the market only a comparatively short time, but it has met with considerable success and has been largely recommended by the profession to mothers whose children are subject to colic as the result of sucking in air from the nip-

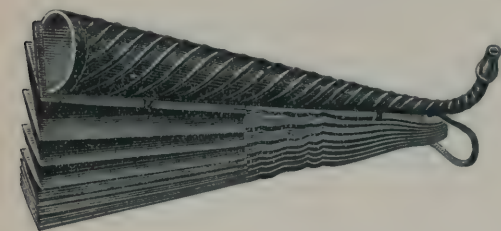


ples commonly attached to nursing-bottles. This nipple effectually prevents the undue entrance of air into the baby's mouth and in cases in which this is a predisposing cause for colic it should prove of value. The price is certainly reasonable, as the nipples retail for the sum of five cents apiece. They are made of pure rubber and are guaranteed by the manufacturer.

FAN HEARING HORN.

Many ingenious devices in the way of something to facilitate defective hearing without calling undue attention to the infirmity have been placed on the market, and one of the latest is herewith illustrated. As will be seen, it consists of a combination fan and hearing trumpet, the latter being fitted to one side of the fan-sticks in such a manner as to be quite inconspicuous. It is said that ladies are

enabled by this novel device to make use of an aid to hearing without attracting



notice, and the device should be popular with specialists on this account, since the difficulty in pleasing a feminine patient in the matter of an instrument to assist an infirmity is well known. The device is well gotten up and retails for the sum of \$7.00.

BOLLES' ALUMINUM FINGER SPLINT.

With aluminum as a material, this splint is naturally cool and light in weight, while its size and lightness are such as to make no appreciable difference in the contents of an emergency bag. The palm, or wide portion, is made of sufficient width to admit of easy adjustment



to the injured hand, while it is of sufficient flexibility to secure easy removal. At the same time it furnishes a sufficiently rigid support for the finger held in the splint. The splints are put up in boxes containing one dozen and they are sold for 15 cents each or \$1.50 a dozen.

THERAPEUTIC BREVITIES

Internal Use of Carbolic Acid.—Dr. S. Henry Dessau, of New York City, read an interesting paper on this subject before the Medical Society of Greater New York last June, his paper afterwards being published in *Pediatrics*. As the result of his findings is somewhat in line with those of Dr. E. S. Sherrill, published in the September number of the JOURNAL, we take pleasure in abstracting them. Dessau's experience with carbolic acid internally began in 1894, and he is now satisfied that his theories at that time have been borne out by results. He regards carbolic acid as a type of the germicides, and, since it is evolved by nature in the processes of animal digestion, that it should be accepted as a specific remedy against the disease-action of a certain class of germs. He found no reactionary effect from the administration of the acid when it was given with due regard to the age and size of the patient. His chief experience was with children in the treatment of affections arising from the presence of the influenza bacillus. He recommends the use of the acid in the form of a solution of the strength of 1, 2, 3 and 5 per cent., according to the age of the child. For children under one year of age a teaspoonful of the 1 per cent. solution is given every two hours, while a five-year-old child may take the same quantity of the 5 per cent. solution. Dr. Sherrill's dose for scarlet fever, it will be remembered (see page 569 of the September JOURNAL) was two minims of the acid to the dose every two hours. His plan was to make a mixture of one drachm of carbolic acid, one ounce of glycerine and water enough to make four ounces; a teaspoonful of this mixture would contain about two drops of the acid, and Dr.

Sherrill administered it well diluted in half a glass of water.

Dr. Dessau adds the statement of his belief that the therapeutic uses of carbolic acid will increase; he suggests that it would probably be beneficial in cases of erysipelas, scarlatina, and even typhoid and pneumonia. He prefers it to creosote in such cases because for children it makes a better solution and has less of a disagreeable odor; and even the odor and taste he partially overcomes by the use of cinnamon water in conjunction with the acid. He suggests that mothers shall be told that the medicine smells of carbolic acid, in order to allay any fear they might have that a mistake had been made.

Olive Oil for the Stomach.—In cases of ulcer, cancer and stenosis, a wine-glassful before meals will prevent the severe pain that follows upon eating. In many cases of functional stenosis, the concomitant dilatation of the stomach disappears completely. Twelve cases of gastric catarrh, treated by this method, yielded uniform good results whenever the oil was well borne—about one in twenty can not take the medicament in the doses required—that is, up to about sixty to seventy-six drachms daily.

In two instances, this treatment was tried as an absolutely last resort before operation, yet proved successful; the patients, who had lost so much in weight as to appear most cachectic, began immediately to gain in flesh, and within two months were almost cured.—(*Medical News.*)

Facial Neuralgia.—Medclaff has proposed this formula:—

R Tincture of aconite-root,
Tincture of colchicum-seeds,
Tincture of belladonna, equal parts.

M. Six drops (in water) to be taken every six hours.—(*New York Medical Journal.*)

NOTES & COMMENT

To Good to be True.—Dr. Osler relates an anecdote of Dr. Benjamin Winslow Dudley, of Lexington, Ky., who was one of the most famous lithotomists of his day. No surgeon in the South or West had such a reputation, and he, more than any one else, built up the fame of the Transylvania school. In 1837 a poor lad with stone was brought to him from one of the distant settlements. The operation was successful, and when the parents asked Dr. Dudley for his fee, he, knowing their circumstances, refused to take anything. The young lad was deeply impressed by the generosity of the great surgeon, and made a resolve that if ever he became rich the fee should be paid. About two years ago one of the heirs of Dr. Dudley had a letter from W. G. Saunders, of Iowa, stating that he was anxious to make arrangements to pay a long-standing indebtedness, and asked if a fee of \$500 would be suitable for the operation of lithotomy performed on him by Dr. Dudley in 1837. Last year the executors of Mr. Saunders wrote that in a codicil of his will directions were given to pay the fee with interest, and they had much pleasure in handing over the sum of \$2,390.—(*St. Louis Medical Review.*)

For Amenorrhœa and Scanty Menses.—When the physician is confronted with an obstinate case of scanty menstruation, let him try a treatment consisting of two grains manganese binoxide three times a day. This medication tends to normally increase the flow and is of great benefit in securing regularity of the menstrual period.

BOOK REVIEWS

A Text-Book of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical Hospital; One-Time Clinical Professor of Diseases of Children in the University of Pennsylvania; Laureate of the Royal Academy of Medicine in Belgium, of the Medical Society of London; Corresponding Fellow of the Sociedad Espanola de Higiene of Madrid; Author of "A Text-Book of Practical Diagnosis," Etc. Ninth Edition, Enlarged, Thoroughly Revised and Largely Re-Written. Illustrated with 105 Engravings and 4 Colored Plates. Pages, 775. Price, Cloth, \$4.00. Lea Bros. & Co., Publishers, Philadelphia and New York.

Hare's text-books are so universally recognized that the present form of this well known work can scarcely avoid attracting the attention of the profession, especially of those members of it who happen to have in their possession a copy of one of the earlier editions. The author states that in this edition he has endeavored to make such changes and additions as would render the book still more useful to the practitioner and the student. All new measures that seem useful to him have been given a place here and there are nearly one hundred illustrations more than there have been in any previous edition of the work; many of them show the actual application of the procedure described.

The book is subdivided into sections, as follows: General Therapeutic Consid-

erations; Drugs; Remedial Measures other than Drugs; Feeding the Sick; Diseases; Table of Doses of Medicine; Index of Drugs and Remedial Measures; Index of Diseases and Remedies. The tables and indexes are carefully arranged and form a most valuable addition to the book. It is a work that should be in the library of every student, who will find it a constant help.

Hare makes use of the following sentences, prefacing the entire work with them: "When called to guide a patient through an illness the physician should be constantly a watchman, and a therapist only when necessity arises." And, "A good physician is one who, having pure drugs, knows when to use them, how to use them, and, equally important, when not to use them."

Grayson's Laryngology. A Treatise on the Diseases of the Throat, Nose and the Associated Affections of the Ear. By Charles P. Grayson, M. D., Lecturer on and Instructor in Laryngology in the Medical Department, University of Pennsylvania. In one handsome Octavo volume of 540 pages, with 129 Engravings and 8 colored Plates. Cloth, \$3.50, net. Lea Bros. & Co., Publishers, Philadelphia and New York. 1902.

Among the numerous and well considered works on this subject this book of Grayson's deserves a high rank. "Order is Heaven's first law," and so, apparently is Grayson's. He likes to have things well arranged, and so he goes to special pains to have the text of his book in such form that it shall appear logical. He begins at the beginning—and in many cases pushes on to the end, making a clear track and leaving many hints of what is to come to the reader who is following out the line he has run.

A judicious statement of the number and kind of instruments to select and the best methods of examination to follow out are followed by considerations of the

anatomy and physiology of those regions of the head that are to come under the keen observation of the specialist. The text along this line is well illustrated and in this particular alone the book is well worth consideration at the hands of the profession. In his suggestions as to treatment and after-care, he tells just what to do and how to do it, in a way that can scarcely fail to be of interest to the reader. In this work Grayson again states what he has elsewhere laid down—that sexual practices have a large and as yet too slightly appreciated influence on the conditions of the nose and throat. He even cautions the wooer against a too ardent courtship! One hint he gives may prove of especial interest to the specialist who has tried other means to remove a foreign body from the ear. Grayson suggests that the operator try laying a camel's hair brush, dipped in glue, against the previously dried object and permitting the glue to harden. Then, he says, the object may often be removed. The expedient is not a new one, but has, as the author suggests, been "rediscovered."

The 500 odd pages are well filled with instructive material and the volume closes with a medical formulary that should prove of interest to the specialist in nose and throat work.

The Perverts. By William Lee Howard, M. D. Pages, 388. 12mo. G. W. Dillingham Company, Publishers, New York.

For those who are interested in morbid psychology, this book of Dr. Howard's should prove very entertaining. It is dedicated to the memory of Edgar Poe, whom the author regards as one who suffered under a "psychic incubus," and in the unwinding of the story of his hero, Leigh Newcomer, Dr. Howard to some extent offers an explanation for the eccentricities of Poe. It is not wholly pleasant reading; but the stirring up of cess-pools is never pleasant business, nor

should it be undertaken except with an absolute certainty of cleansing them. The author's style is that of a man deeply interested in his subject and well versed in the technical vocabulary of the physician, which he sometimes uses to the detriment of literary excellence. For example, he says: "Seated limp and helpless in a high-backed chair, with her white uncombed hair and emaciated face sunken in many etiolated pillows, whose once polychromatic coverings could be slightly discerned", etc.

The criminal who is possessed of medical knowledge is usually of the most interesting in fiction, as the success of many writers of medical criminals abundantly attests; and the story of how Mizpra, Leigh's sister, gets control of her mother by rendering her mentally incompetent, is an ingenious one. The same Sadist's scientific attempt on the life of her hated brother's infant boy also has the merit of being original, if slightly improbable. Dr. Howard has apparently had the experience with the submerged portions of society which comes to a young and energetic physician in a big city; and he is quite willing to tell us of it, in words that are as plain as those of the gentle resident of Table Mountain. It is as realistic as anything the late Zola has written, and it can hardly fail of interest to the reader who is interested in morbid neurology.

Electro-Therapeutical Practice. A Ready Reference Guide for Physicians in the Use of Electricity. Seventh Edition, Revised, Re-Written and Greatly Enlarged. By Chas. S. Neiswanger, Ph. G., M. D., President Illinois School of Electro-Therapeutics, Etc., Etc. Size, 7½ x 5 Inches. Pages, 202. Price, Limp Leather, \$1.50, Postpaid. E. H. Colegrove & Co., Publishers, Chicago, Ill.

For completeness and clearness, this is a book which we can heartily recom-

mend to those of our readers who are interested in the manifestations of the electric current in its relations to the treatment of disease. It is sufficiently particular to be of value to the beginner in electro-therapeutics, and it is general enough for the individual who has already advanced in the study of the actions of the current. Neiswanger is thoroughly familiar with his subject and is enthusiastic in his description of what can be done with electricity properly applied, while he avoids the error of supposing that electricity is a panacea. His book is a scientific treatise on modern knowledge of electricity and his language is pleasantly clear and instructive. Numerous illustrations, showing the almost innumerable kinds of electrical apparatus now in use, are of great assistance in making the book even more useful than it would be with the text alone. A system of interleaving affords space for the jotting down of notes on each subject presented, and the book, when carefully read and filled by the physician, should be a valuable asset to him in electro-therapeutical work.

The treatment of the numerous conditions which yield to electrical treatment is given, with the reason for each step, and a division of electro-therapeutical practice occupies considerable space in the book. Several pages are devoted to illustrations of the latest ideas in instruments and appliances for electrical work.

Chemistry of the Terpenes. By F. Heusler, Ph. D., Privatdocent of Chemistry in the University of Bonn. Authorized Translation by Francis J. Pond, M. A., Ph. D., Assistant Professor in the Pennsylvania State College. Carefully Revised, Enlarged and Corrected. Size, 9x6 Inches. Pages, 435. Price, Cloth, \$4.00 Net. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa.

Heusler's monograph on the terpenes is the basis of this book, which contains many additions to the original text. The abundance of literature on this subject, following the issuance of the monograph, has given the translator a large quantity of material from which to choose, and this matter of choosing was undoubtedly one of much difficulty. Even with the condensation which he has so judiciously made, the work has assumed large proportions and may be regarded as in a way exhaustive. It should prove of more than passing interest to the student who has interested himself in this recently-developed branch of organic chemistry, though it will probably not prove of great value to the general reader. It is a book for special students of chemistry, and contains practically all the information on hand concerning these constituents of the ethereal oils.

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With Cero-Grapo-Grits.

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Proggine appeals to May;
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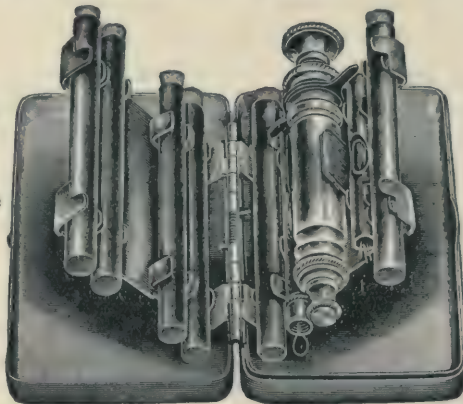


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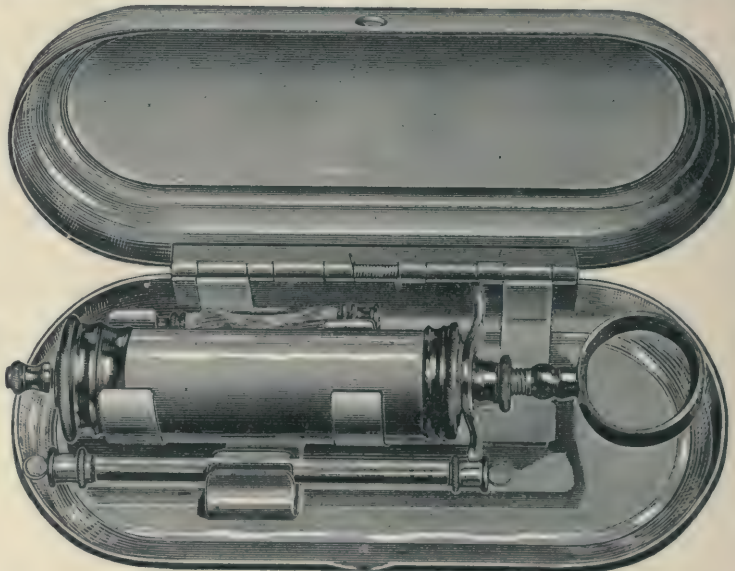
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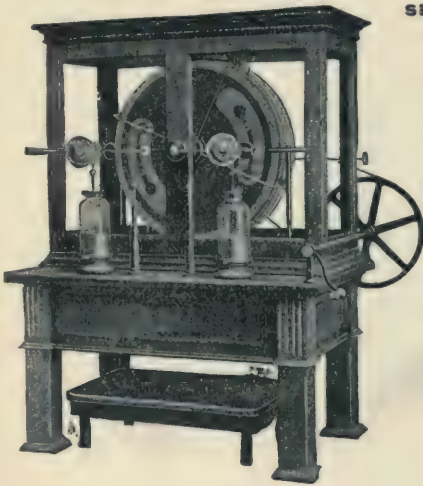
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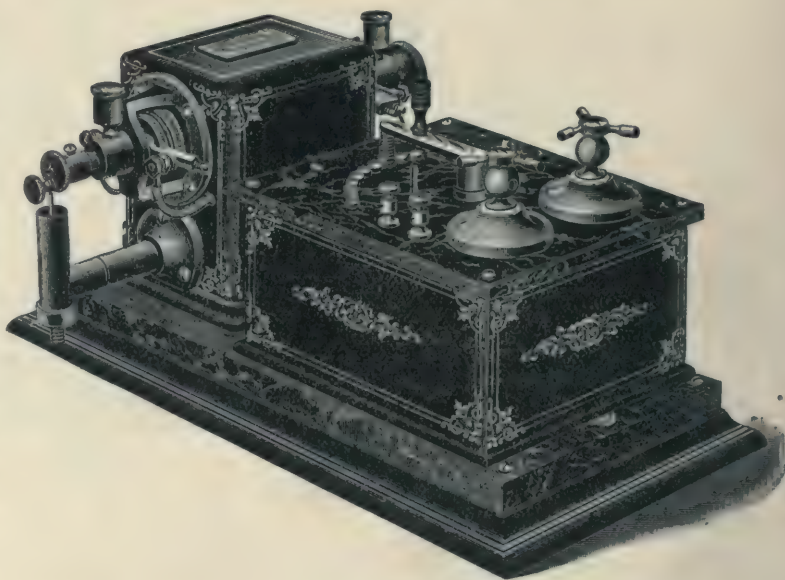
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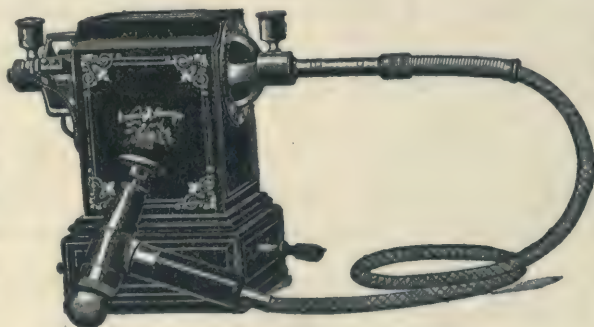
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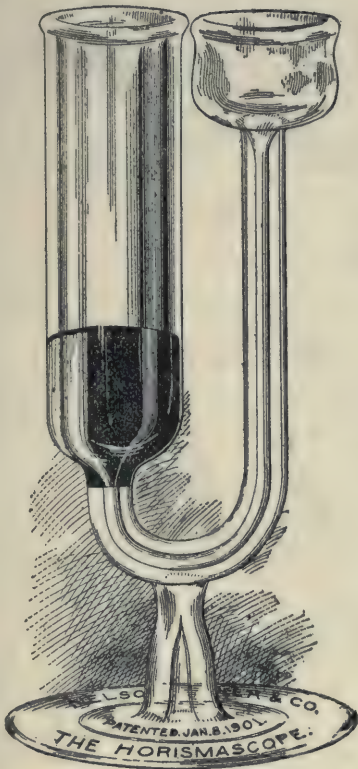
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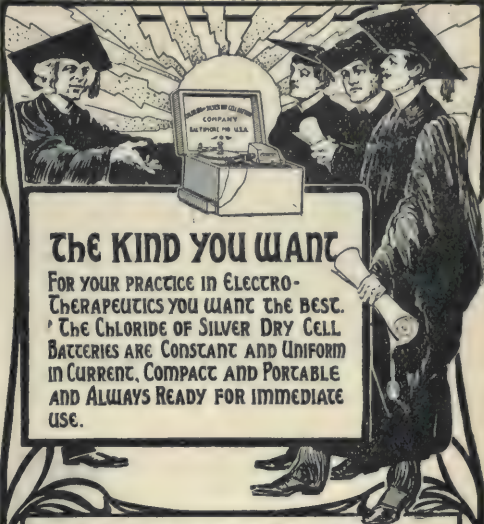
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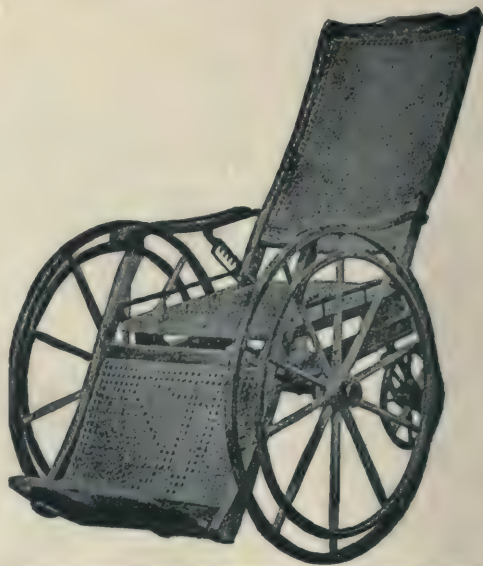
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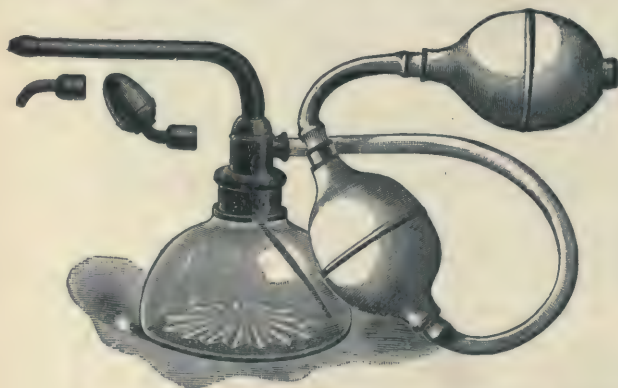
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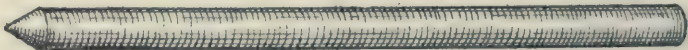
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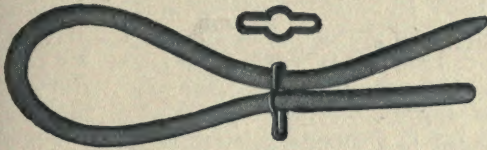
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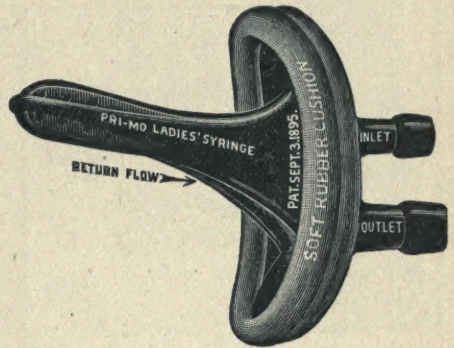
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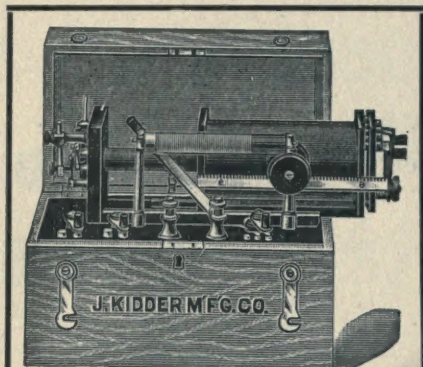
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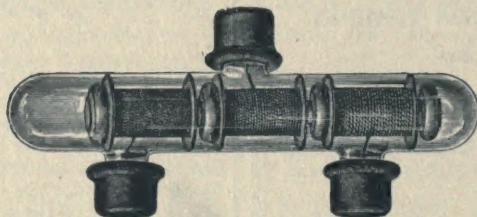
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